

THE AMERICAN JOURNAL OF NURSING

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OF THE UNITED STATES; THE INTERNATIONAL COUNCIL
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ATION; THE PENNSYLVANIA STATE NURSES'
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THE

AMERICAN JOURNAL OF NURSING

THE INTERNATIONAL NURSING ASSOCIATION

THE AMERICAN JOURNAL OF NURSING IS THE OFFICIAL ORGAN OF THE INTERNATIONAL NURSING ASSOCIATION. IT IS THE ONLY NURSING JOURNAL OF THE WORLD. IT IS THE ONLY NURSING JOURNAL THAT IS READ BY NURSES IN EVERY PART OF THE WORLD. IT IS THE ONLY NURSING JOURNAL THAT IS READ BY NURSES IN EVERY PART OF THE WORLD. IT IS THE ONLY NURSING JOURNAL THAT IS READ BY NURSES IN EVERY PART OF THE WORLD.

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THE AMERICAN JOURNAL OF NURSING

VOL. V

OCTOBER, 1904

NO. 1

EDITORIAL COMMENT



THE PATH OF DUTY

In the transition from the sisterhood of the old ideals to that of the new something precious has been lost.

For the gentle, obedient, and devoted, though often totally unskilled and incompetent, sister we have substituted the nurse of to-day, the capable, educated, well-trained, and self-reliant woman, who can meet her responsibilities, who can also be obedient to proper authority, and gentle where gentleness is needed. The transformation wrought in our hospitals since training-schools were introduced, and nurses of this type were the outcome, is complete, and it will always be the glory of the modern nursing order that it did for hospitals and the sick within them what neither the clergy nor the charitable public nor the physicians themselves were able to accomplish; and not only hospitals, but homes everywhere, have reaped and are reaping abundantly every day the harvest that has followed from the foundation of the first training-schools.

If we have clearly gained so much, what is it, then, that we have lost in the transition which is worth keeping? When weighed in the balance, where are we found wanting? We answer unhesitatingly, in devotion to duty—in *unflinching* devotion to duty as we know it. Whatever may have been the failings of the sisterhoods from our stand-point, which makes the care of the sick a matter worthy of the highest intelligence and skill, as well as of a prolonged and careful preparation, a matter, moreover, which admits of no divided allegiance, of their devotion to duty we have handed down to us a splendid and unquestionable record of centuries. It comes alike from hospitals during the terrible epidemics of past ages, from the homes of poverty and distress, and from the battle-fields of all times. We are filled with admiration as we read of the hard-

ships borne with fortitude, of patient toil, and of the tender charity, the complete obliviousness of self, with which these sisters faced and performed to the best of their ability whatever task was required of them. We may well ask what inspired them to so noble a response to the call of duty, and seek for ourselves some like inspiration.

For it is undeniable that unwillingness to devote herself to any really distasteful task, or steadily to pursue any work in which difficulties arise, is a growing tendency of the nurse of to-day, though we must admit at once that it is a tendency not limited to the nursing ranks. The drift, however, is so dangerous, not only to our work, but to ourselves, to our very souls, that we do well to subject ourselves to a rigid self-scrutiny and apply a wholesome remedy before the trouble has gone beyond control.

If we are asked to say by what particular signs we recognize so grave a disorder, we need not go further than to point out one single aspect of one branch of our work—namely, the registries, where nurses are permitted to exclude, and do exclude, almost any kind of "case" which they may feel disinclined, or that is not convenient at the moment, to undertake. We have heard of registries where nurses of excellent training in all branches of their work, and therefore with no shadow of reason for refusing to do it, simply decline to answer the calls of patients whom they do not feel inclined to go to. One nurse excludes children, another infectious diseases, another declines to take care of men, while several quite competent women cannot be persuaded to take obstetrical cases; one will not nurse in the city, while another will not answer calls out of it, while still another objects to being sent to certain districts of the city. There are some who will not nurse for certain physicians. Here and there are nurses who, suffering under the disadvantage of a small income, are not obliged to continue steadily at work, and we find them placing their poor services (for spasmodic work is always poor work) at the disposal of the sick whenever they happen to feel like it or by some unusual extravagance have run out of pocket money. An inspection of registry-books and some conversation with those who are conducting registries in certain places will show that these instances are in no way exaggerated, but rather that they may be added to in ways which it humiliates us even to hear of.

Such failure to meet our highest obligations, such violation of our common standards of right and duty, cannot be too sternly censured. The women who permit themselves to conduct their professional work in this manner are in this, at least, wrong through and through. But what shall we say of the registries which allow such latitude in the government of their work, what ground have they to ask the support and confidence of a community?

In writing this we are not unmindful of the number, greater by far, of those good women upon whom the public depends, women who never falter nor flinch, but face the work they have undertaken with courage and with steadiness of purpose, willing and glad to give all that they have in them to meet the needs of sick and suffering humanity. These are the bulwark of our profession, the women who constantly uphold its best traditions, even at much cost to themselves, and, as we have said, they are many. But the others to whom our attention has been directed with some anxiety for several years are a growing body, and they too are establishing traditions—traditions foreign to the whole spirit of nursing as we understand it. Are we willing that such anywhere should come to prevail? We need among us a new conception of the word duty.

THE WORK FOR THE YEAR

WITH October not only the JOURNAL year begins, but activity in the different branches of all nursing organizations commences, and before the end of the month the programmes for the winter's work will be outlined.

As we look over the whole broad field there are a number of subjects which present themselves that seem to be of especially vital importance at this time in which all branches and sections are equally concerned. There would seem to be no new lines of development needing great attention in the immediate future, but any amount of work already commenced is waiting to be built up, strengthened, and broadened in many directions, requiring persistent, courageous coöperation in all the different branches of our chain of organization.

The alumnae associations and local clubs may be described as the primary departments of our entire organization system. In these departments the nurse receives her first lesson in coöperative work, in which the majority rules. She has her first drill in committee duties and learns to speak before a hundred pair of eyes without embarrassment. In just the proportion that a local society is well organized and governed its members are prepared for the higher duties of the State and national associations, and make valuable workers as delegates and members when the time comes for them to serve.

Thus it is seen that the building process which is to make of State registration an uplifting power, the Course in Hospital Economics a memorial to the nurses of this generation, and the JOURNAL the greatest thing of the kind ever undertaken, must commence and be persistently advanced month after month in the local societies.

All three of these important branches of our organization work are

dragging somewhat at the present time because of a want of interest, caused largely, we believe, by lack of proper enlightenment on the part of the great rank and file in the nursing profession.

In all reform work, either at home or abroad, of whatever character, history repeats itself. There are always the fearless leaders who do the work of the pioneer period, surmounting all obstacles by their courage and enthusiasm, and then follows that discouraging time when the very people for whom the work has been done have to be educated to a full knowledge of the benefits that it is to bring to them.

In our organization work the pioneer period is passed. The start has been splendid. We have been carried along by the courage and enthusiasm of the leaders. There have been hundreds of intelligent followers and supporters, but we now seem to have reached the second period when the great multitude must be educated to a knowledge of the advantages which have been gained thus far in which they are to share, and to be stimulated to greater activity in carrying their portion of the burden.

There is nothing discouraging in the situation, but it is to the alumnae associations and local clubs that we turn for the education, now so essential, of the great rank and file, who must become as familiar with all the conditions governing State registration as they are with the multiplication table. They must be aroused to an interest in the Course in Hospital Economics, and they should be made to feel their professional obligations to the JOURNAL.

We venture to suggest that these three subjects be given a few minutes' consideration at every meeting held this year, that there shall be a special committee for each subject, to give first the history and then the progress as the winter advances, just the facts from month to month, until every member is fully informed.

REGISTRATION.

The Committee on Registration can find a complete history of the subject running through the files of this JOURNAL, beginning with the first number. Members should be made familiar with the law in other States as well as their own, and every new bill that is passed should be carefully considered. *How* to register should be explained over and over again, and those who find the official blanks complicated and confusing should be assisted in filling out their papers.

THE ECONOMICS COURSE.

The Course in Hospital Economics should be studied in the same manner and reported upon each month. Already the work has commenced. Miss Glenn, of Chicago, and a graduate of the course, has

written an article in the *Illinois State Association Quarterly* in which she presents the advantages of the course in a very practical manner. On September 7 Miss Ida R. Palmer, graduate of the course in 1902, was the guest of the Erie County Alumnae of Buffalo, speaking for the Economics Course, and at the meeting of the Homœopathic Alumnae of Rochester, September 13, Miss Balcum, of the Class of 1904, presented the same subject, which resulted in a vote being carried that each member should contribute one day's earnings to the endowment fund. With a little effort on the part of a special committee this subject can be made interesting and much be accomplished.

THE JOURNAL

Hardly a day passes that we do not have it borne in upon us that scores of alumnae members are still ignorant of the fact that *THE AMERICAN JOURNAL OF NURSING* was established by a committee appointed from the Associated Alumnae to be the official organ, first and foremost, of that society, its principal feature being that it was owned, edited, and managed by nurses, all members of the Associated Alumnae, and consequently members of some local alumnae; but in the face of all that has been said about the JOURNAL, and all that has been done for its magnificent success, scores of alumnae members persist in addressing the editor as "Dear Sir."

We appeal to the alumnae associations to at least make their members appreciate the fact that the JOURNAL is their own work, for without the action of the Associated Alumnae, of which they are part, it would never have come into existence, and that they owe to it allegiance and support.

Without the JOURNAL our organization work on its present grand scale would be chaotic, if it existed at all. As it is, by means of the JOURNAL the North and the South, the East and the West, are developing on almost identical lines. Standards are becoming more and more uniform, and in all progress the essential points are the same everywhere.

WHAT THE JOURNAL REPRESENTS.

The JOURNAL will be used this year as the official organ of the International Council of Nurses and the Hospital Economics Association, two important educational organizations whose aims are in direct accord with the work for which the JOURNAL was established. We shall continue to give space to the Guild of St. Barnabas until such time as that society can make convenient and satisfactory arrangements for publication elsewhere. As we stated last month, the demand for space for material of a purely educational character has been far in excess of the

JOURNAL's financial development, and to make space for the reports of the new societies we have felt obliged to restrict our official representation to those organizations that are directly educational in their aims. Having entered into such a compact with a society we consider ourselves under obligation to give space for whatever official material we are asked to publish, in return for which we expect the privilege and courtesy of being the first to publish such reports, etc., and that the JOURNAL's interests will be duly advanced by all organizations with which it is affiliated.

In the near future the following subjects will be discussed in our pages:

In what way will the higher education affect the conditions of work of the nurse in private practice?

Has the time come when training-schools should open their doors to young women qualified for entrance in all points but color?

In State registration, why is it considered undesirable to have physicians on the Examining Boards?

In teaching nurses the theory of medicine, where shall the lines be drawn?

Who are the people best qualified to judge of what nurses shall be taught?

TIME TO RENEW.

October is the month when a large number of subscriptions expire, and we remind our readers that unless renewals are made promptly there is danger of the edition being out of print. With the best of calculating it will happen that some numbers run out earlier than others, and we are always very sorry when we cannot supply a former subscriber.

We also request all who find the JOURNAL of use to them to help spread its influence by securing one new subscriber, and in this way help in the education of the great rank and file, and at the same time assist the JOURNAL in its financial development.

MRS. LOUNSBERY'S RESIGNATION.

Mrs. Harriet Camp Lounsbery, whose resignation from our staff of collaborators we announce with much regret, is the kind of nurse whom matrimony has not spoiled. Living in an isolated section,—Charleston-on-Kanawha, W. Va.,—she has kept in very close touch with all progress in nursing, doing much in a quiet way for the JOURNAL, leading in the movement for State registration in West Virginia, and demonstrating in a thousand ways that with her "once a nurse is to be always a nurse." In a personal letter to the editor, in which she expresses feelingly her regret in severing her official connection with the JOURNAL, Mrs. Lounsbery says: "The last number of the JOURNAL

(August) is so fine I congratulate you most heartily on it. The Hospital Economics Course interests me deeply, as Miss Alline is one of my graduates. I, as one of the old-time superintendents who had to feel her way and who needed so much the support of other superintendents, would love to attend the superintendents' meeting, but I doubt if I can. Several of my graduates will be there, though, and that will do more good."

To the "older women," like Mrs. Lounsbury, who are "out of the running," but who never lose sight of the battle in the distance, every step in nursing progress is like the smell of powder and the sound of the bugle to an old war-horse. No matter how strong the home ties, if they ever loved their profession they long to be in the midst of the fray; but it is, after all, their influence with "some of their graduates" that is carrying forward the good work. There can never be another generation of pioneers in nursing, and we doubt if there will ever be another group of nurses made of such metal as the "old war-horses" who fought their way through those pioneer conditions. The fact that Mrs. Lounsbury's heart is always with us is something of a consolation, but we take her name off of our roll with great unwillingness.

THE JAPANESE RED CROSS

MANY of our readers are doubtless familiar with Mr. George Kennan's article on "The Japanese Red Cross" published in the *Outlook* of September 3. Mr. Kennan is the special war correspondent in the Far East for the *Outlook*. He is an ex-officer of the American Red Cross Society, and he deals with his subject with masterful clearness.

It is interesting to know that the fundamental principles of the Red Cross relief work dates back in Japan to long before the Geneva Convention and six or seven years before the Red Cross was organized in the United States. After giving in minute detail a history of the origin of the society in Japan and a full description of its equipment and methods of operation at the present time, in which the superiority of the nursing service is dwelt upon, he states that in the unanimous opinion of competent judges the Japanese Red Cross is fully equal to that of any country in Europe "and so far superior to that of the United States that comparison was hardly possible."

In the face of the facts and figures presented by so high an authority as Mr. Kennan, we can only draw the conclusion that when the Japanese Government accepted the services of the Spanish War nurses its only motive could have been the hope of arousing political sympathy in the United States, and not because their services as nurses were either needed or desired.

In the light of Mr. Kennan's article, and in the face of the criticisms that has been spread broadcast over the country by the war correspondents, it is much to be regretted that the conditions in Japan were not more carefully investigated by the Spanish War nurses, who, through unwise and sentimental leadership, have subjected the entire nursing profession in the United States to the condemnation and ridicule of the world.

Mr. Kennan's article is well worth careful study. We make one quotation that should be considered by those interested in the reorganization of the American Red Cross Society. Speaking of the perfect cooperation between the Japanese Red Cross Society and the medical department of the army he says:

"The most noteworthy difference between the American Red Cross and the Red Cross of Japan is to be found in the relations that they sustain to their respective governments, and particularly to the Departments of War and the Navy. The Red Cross in the United States has always been an independent organization, not connected in any direct way with the military establishment, nor subject in time of war to the direct control and supervision of the military authorities. In Japan, on the contrary, by virtue of the imperial ordinance of December 2, 1901, the Red Cross in time of war becomes virtually a part of the medical staff of the army and navy, and the members of its field force—surgeons, nurses, and attendants—are made subject not only to military direction, but to military discipline. The regulations of the society specifically state that 'the work of the relief corps shall be carried on in accordance with the regulations of the sanitary service of the army and navy in time of war, and under the direction and control of the military and naval authorities to whom they are respectively attached. Should the members of the relief staff run against discipline, disobey orders, or be found incompetent for their duties, they may be dealt with in accordance with the army or the navy regulations. The president shall prepare every year, not later than September 30, two reports on the preparations made for relief in time of war, one for the army and the other for the navy, for one year, commencing with April 1 of the following year, and submit the same to the Ministers of the respective departments.'

"There can be little doubt, it seems to me, that in making the Red Cross an auxiliary part of the regular medical and sanitary service of the army and navy, and in subjecting its field workers to military control and discipline, Japan has acted wisely and prudently. The independent organization of the Red Cross in the United States and the semi-independent operations of its field force in time of war have always given rise to a certain amount of friction, jealousy, and ill-feeling. When our

Red Cross goes to the front at the beginning of a campaign, even although it may go with the permission of the President, it seems by its attitude to say to the medical staff of the army, 'You are not competent to do the work that will devolve upon you, and we have come down here to supplement your deficiencies. We shall not be bound, however, by your methods, nor submit to your dictation. We have certain ideas of our own with regard to relief work, and we purpose to carry them out in our own way regardless of your organization.' The mere presence on the battlefield of an independent body of surgeons and nurses is in itself a sort of reflection upon the competency of the army's medical department, and it is resented, more or less actively, by the regular officers of the medical staff. That this was the case in the Cuban campaign I know from my own experience and from statements that were made to me by officials in the War Department and by the commanding general in the field. If the relief corps of the Red Cross acted in coöperation with the military authorities and under the latter's direction, their mutual relations would be greatly improved and the service rendered by both would probably be more efficient. Unity of plan and direction are as necessary to success in relief work as they are in military strategy, and the experience of Japan certainly shows that the people of a country will support just as generously and enthusiastically a Red Cross that is under the direction of the military authorities as a Red Cross that tries to take, in the field, an attitude of quasi-independence."

REPORTS FROM THE WAR.

It seems to be generally conceded that the Japanese are giving points to the Western civilization in the management of the sick and wounded of the army in a manner most surprising. Not only are their surgeons up to date in all modern methods of treatment and surgery, but the sanitary management of the camps is far beyond anything ever seen either in England or the United States, judging from the Spanish War camps in the South. The *London Post* says:

"The surgeons are also sanitary engineers, and they select the sites for camps, arrange camp drainage, and inspect all water supplies. The Japanese army surgeons are doing valuable work in inspecting water supplies. It is the rule of the Japanese armies in the field to send a corps of medical experts in advance, and before the army pitches camp every source of water supply in the vicinity and every well has been chemically analyzed. Placards are placed at all places where there is water. Some of the placards read: 'This water is good;' others, 'This water is bad;' and others, 'This water should not be used unless it is boiled for half an hour.' These precautions and the good ration in use prevent intestinal

troubles, and, of the thousand or more sick and wounded in Tokio there are only six cases of intestinal affections, a like number of dysentery cases, and five typhus cases, all of them convalescent at the date of writing."

Praises are also being sung all over the world of the superiority of the Japanese nursing service, and the importance attached to nursing by the Japanese Government may be judged from the fact that in the hospital ships there is one nurse for every three patients. The force of trained nurses is sufficient, no volunteers being needed, and they have conformed to army discipline and conducted themselves with dignity most commendable.

In just the proportion that Japan is surprising the civilized world with its advanced methods, Russia is being severely criticised for neglect of the wounded, it being said there is much needless suffering. In the hospitals supplies and service are short, water is bad, dirt is everywhere, and sanitary conditions are of the worst. The facilities for transporting the sick and wounded are without regard to the comfort of the patient.

PROGRESS OF STATE REGISTRATION

THERE is no special report from the States this month, but announcement of the New York meeting will be found in the Official Department.

The British nurses have gained a great victory in securing the indorsement of the British Medical Association, which has officially declared in favor of State registration for nurses.

We congratulate the British nurses who are carrying the burden of the registration work.

NURSES FOR MISSION WORK IN ALASKA

NURSES who are interested in mission work should read Mr. Wood's appeal to the Editor for nurses to go to Alaska which is printed in full on another page. Also the letters on the same subject found in the pages devoted to the Guild of St. Barnabas. There must be nurses ready and willing to take up this work, and we hope through the JOURNAL to be able to reach them.

HOURLY NURSING

WE are constantly receiving letters from nurses asking for information about hourly nursing, how it is conducted, and if it pays, and we would like very much to have those who are engaged in this branch of the work contribute the result of their experience to the readers of the JOURNAL.

Originally, when a nurse decided to take up hourly nursing she had cards printed and sent to the physicians of the city giving the terms upon which her services could be secured. The charges were usually from fifty cents upward for a visit of an hour, with five dollars for an operation or an obstetrical case. The coöperation of several physicians was necessary to enable her to make a good start.

Visiting and district nursing for the poor has developed very greatly during the last few years, but we have heard little of the growth of hourly nursing on a really paying basis. Many nurses whom we have known have done some massage at the same time, and in that way made a very comfortable income.

This is a subject upon which the profession needs enlightenment, and we solicit information from those who can speak from experience—either successful or unsuccessful—for the benefit of our readers in many sections of the country who desire to know what the experience of other nurses has been.

A GREAT LOSS

DR. WILLIAM OSLER, physician-in-chief of the Johns Hopkins Hospital since its foundation, and well known throughout the country as a great physician, writer, and teacher, has been invited to become Regius Professor of Medicine at Oxford University and leaves Baltimore next June. This is the first call from any of the great English universities to a scientific man in this country, and is considered the greatest distinction that could possibly come to a medical man. Johns Hopkins, Baltimore, and most of all Canada, Dr. Osler's native country, must feel a just pride that so great an honor should come to one belonging in a way to each of them. To measure the loss which his departure will mean to the Johns Hopkins Hospital and Baltimore is well-nigh impossible, for we doubt if in many ways he can ever be replaced, assuredly not in the affections of those with whom he has been living and working for the last fifteen years, of physicians, students, nurses. Few men anywhere have been so greatly beloved by all classes of people.

NURSES FOR PANAMA

MISS HINBARD, who is in charge of the hospital of the Panama Commission, has organized the nursing department on the eight-hour system for day nurses and ten hours for night duty. Registered nurses are to receive preference in selection. Nurses for this service must expect crude conditions in the beginning, and it is useless for anyone to go out who cannot endure hardship and meet trials bravely, and be able to work with

others without friction. The hospital is beautifully situated, and Miss Hibbard describes the climate as being very delightful.

A NEW LOCAL JOURNAL

THE *Journal of the California State Nurses' Association* made its first appearance in the journalistic world in August, and is a most attractive little magazine. Its aims are to elevate the nursing standards on the Pacific coast, and it will be published quarterly after February if the subscriptions received before December 1 warrant so frequent an issue.

These little local magazines are great educators, for before we can expect anything of nurses in the broader fields of professional work they must be interested in the affairs and conditions of their home surroundings. California is greatly isolated from the larger nursing centres, and in the work of registration, for which the State association is organised, the *Journal* will be a powerful factor. The chairman of the Committee on Publication is Miss Genevieve Cooke, 140 Fern Avenue, San Francisco, and the subscription price is sixty cents per year. We welcome the *California Journal* and wish it lasting success.


DEATH OF A PROMINENT WOMAN

As we close our pages the notice reaches us of the death of Mrs. M. H. Lawrence, superintendent of the Rex Hospital at Raleigh, N. C., and president of the Nurse Board of Examiners of that State. Mrs. Lawrence had been seriously ill and went to the home of a friend in Lynn, Mass., to recuperate. Her death occurred September 10.

STATE MEETINGS

We have held our pages for the programme of the Pennsylvania State meeting, to be held in Philadelphia October 26, 27, 28, but as it has failed to come to hand we are obliged to go to press without it.

The Ohio State Nurses' Association will hold its first annual meeting in Columbus on October 18, 19.



THE INTERNATIONAL COUNCIL OF NURSES

(Continued from page 970)

AFTERNOON SESSION

II.—Education

THE remainder of the afternoon session was devoted to the subject of education—to the definition of a theoretical and practical curriculum of education and a minimum standard qualifying for registration as a trained nurse.

The president, Mrs. Bedford Fenwick, invited Miss Goodrich, superintendent of the Training-School for Nurses, New York Hospital, and delegate to the council of the American Society of Superintendents, to read the paper prepared by Miss Nutting, superintendent of the Johns Hopkins Hospital Training-School for Nurses, Baltimore.

Mrs. Fenwick said, as time was so limited, one day having proved quite insufficient in which to read and consider many excellent reports and papers presented to the council, she would suggest that Miss Nutting's paper be taken as the basis of the afternoon's discussion, the remaining papers to be printed in the transactions of the meeting.

Miss Goodrich said she greatly regretted that so splendid a paper as that she would have the honor of reading was not to be presented by the writer in person.

SUGGESTIONS FOR EDUCATIONAL STANDARDS FOR STATE REGISTRATION

BY MISS M. ADELAIDE NUTTING

In asking the State to establish and maintain definite standards of education for nurses, we call upon her to look carefully into the whole system of nursing education, to inquire not only into the nature and extent of the professional education offered by training-schools, but also into the qualifications and preliminary education presented by candidates for admission to such schools. For it may be laid down as a fundamental proposition in considering this subject that, no matter how complete and thorough a professional training may be offered, it is of limited or doubtful utility unless given to those prepared by previous education to profit to the fullest degree by it.

The requirements for entrance to training-schools, therefore, compel our attention at the outset to any suggestions which may be made as to educational standards for State registration.

Certain points which are little considered among the requirements in other branches of education—namely, age, height, size, physical condition, freedom from family ties, etc.—have long taken a place of relatively high importance in weighing the merits of applicants for admission to training-schools. In reference to the *one indispensable require-*

ment for all other kinds of education, academic or professional, that is, a suitable preliminary education, the training-school for nurses has been singularly unexacting. Indeed, its doors have been hospitably held open to applicants conspicuously deficient in this respect, and it is well to consider just here some of the reasons why the requirements in this particular should not be higher and more rigorously applied.

It is well known that many people, among them doctors, and even the heads of some training-schools, still honestly believe that it is not only not necessary, but undesirable, that nurses should be educated women. It is equally well known that many highly educated women are attracted to the work, yet they shrink from the long hours, arduous labor, and severe discipline which the training includes, especially when it is clear that little in the way of systematic, suitable instruction of a truly educational character accompanies it. What is perhaps not so well known is the fact that it is exceedingly difficult to set up standards of any kind and maintain them unflinchingly while the arbitrary conditions of the hospital in which the practical work is done require a certain definite number of students to carry on its work. An enormous mass of work must be accomplished daily by students only in any hospital in which a training-school is established, and, whether the students are well qualified or not, they cannot be permitted to fall in number below a certain specified limit, or they will prove insufficient for the needs of the hospital. It is easy to see that under these conditions it is impossible to reject beyond a certain point, even when there is a full realization on the part of the superintendent of the training-school that some of those permitted to remain are far below the standard which she would like to maintain, and are unpromising material out of which to try to develop satisfactory results. These students are kept because, even though poor, they are the best at the moment available, and the product of their activity as students is necessary to the maintenance of the hospital.

The ways by which the educational requirements for admission can be improved and brought to the right standard are, first, by an improvement in the schools themselves. The fact that in schools where the teaching is known to be excellent, the opportunities liberal, and the conditions of life wholesome the number of applicants well prepared by previous education grows larger each year points conclusively a way to advances in this direction.

And when, in addition to such reforms, provision is made in hospitals generally for a body of students which will constitute a nursing staff large enough to allow for a very rigid system of sifting and selection, not only at the close of the probationary period, but also, perhaps, at the close of each school year, there will be a marked improvement in the educational

status of those finally graduated, and less waste of the resources of the institution upon incompetent persons.

Professional training has been described as the very last stage of education, and though true education is always incomplete in every good system of teaching, new knowledge to be of value must be based upon that which has preceded it. Certainly no worthy superstructure can ever be built on weak and unstable foundations. In seeking to decide just what foundations are safe and suitable upon which to build a professional education, we find that standards vary greatly in different countries, and even in different parts of the same country; but an approximately safe standard, so far as America is concerned, for entrance requirements to training-schools is that of High School graduation. The High School stands between the public school and the college, and affords a sound training in the fundamental English branches—a definite knowledge of mathematics, of history, ancient and modern, of literature, and of some language. A full course covers four years, and one who at eighteen or nineteen years of age has graduated from a good High School should have acquired not only knowledge, but habits of observation, accuracy, and thoroughness; above all, she should bring to further her work the earnestness of the student. If we are right in contending for a professional status for nursing, then those unprepared by some such study as is here outlined may be said to be absolutely unqualified to undertake the study of nursing. Concerning the other entrance requirements, a word should be said. While in England the medical profession is engaged in deciding whether or not a candidate for entrance to a medical school shall be sixteen or seventeen years of age, we stretch the matter rather far in the other direction by insisting upon twenty-three or twenty-five as the lowest age limit. Age is often a matter of circumstances rather than years: the way in which those years have been spent, the responsibilities they have brought, rather than their number, tell the story, and frequently prove a more correct guide in helping to decide as to the fitness of an applicant. The ground has been taken that at about twenty-three years of age a woman becomes more settled in purpose and apt to view life more seriously; but the writer's experience would go far to show that "Follies do not cease with youth," and the troublesome students in training-schools are as likely to be thirty years of age as twenty. While it may be advisable (though it hardly seems compatible with the most liberal education) to set a fixed and unalterable age limit, it would seem as if we might with wisdom place it a year or two earlier than the present standard. There is another side to the question too seldom considered. The high age limit of admission cuts short by just so much the total period of professional activity, already limited by the exacting nature of the

physical demands made upon those engaged in it—their irregular hours for sleep and food, excessively long hours of duty, and their great anxieties and grave responsibilities. Add to this the fact that in most branches of professional work the tendency seems to be to give the preference to the younger, stronger, and more vigorous candidates for positions, and you have a reasonable argument against a very high age limit. The physical fitness of the applicant should be settled by rigid examinations, conducted not by the careless, kindly family physician, anxious to assist some young *protégés* to a remunerative occupation, or to provide a cure for a troublesome patient suffering from lack of an object in life, but by a physician of the institution authorized to conduct such examinations. The most searching scrutiny should be made into the moral fitness of the applicant. We know that no women but those who are honorable and scrupulous should be permitted to enter upon the study of a profession entailing such peculiarly grave responsibilities upon those who practise it. We know that nurses must be women of absolutely fireproof character. It is difficult, however, to suggest any measures which will bring satisfactory and reliable assurances upon this point beyond those which are ordinarily employed in training-schools. Letters from clergymen and others may mean much or little, and the best results are obtained from careful personal inquiry when that can be instituted. It is possible that a higher standard of education in admission requirements may prove helpful in settling to some degree this difficult and delicate matter, and that a long, severe, and exacting course of study may assist in rendering the work undesirable except to earnest, high-minded women.

Assuming, then, that we have a candidate whose education will correspond to some established standard, such, for instance, as a High School graduation certificate; of age not below a safe limit, say twenty years, but determined somewhat by education, opportunities, and environment; of physical fitness decided by careful physical examination from medical men of known competence and impartial judgment; of moral fitness satisfied by searching inquiry—what shall be the nature of her professional education? What shall be the length of the full course, the number of hours of work and study daily? What subjects shall be taught, and what length of time shall be devoted to each? How shall the time devoted to practice and theory be apportioned, and how shall such instruction be given? The length of the course of study in training-schools, beginning in 1860 at one year, has grown from one to two years, and within the last decade very rapidly has lengthened into three years, until now most leading hospitals have adopted that term, and it has come to be pretty generally accepted as a proper period for the full course of training. It has been found difficult to teach fully the number of required

subjects in less time, but, in the opinion of the writer, three years is the maximum period which should be set when we bear in mind that three years of work and study in a hospital training-school equal, if they do not exceed, in point of time a four-years' college course. Each year in college is about eight months in length, and the full four years of college work means about thirty-two months of study. Each year of a hospital training-school is never less than eleven months, in which not one day, even Sunday, is free. There are no Christmas vacations, no Easter holidays, and summer vacations are usually limited to three, or sometimes two, weeks, and the result is that the student gives to acquire her profession more than the equivalent in time of a four-years' college course. A four-years' course of training-school work, judged by other scholastic standards, actually means five years of work and study, and is beyond the limits of time necessary for proper training in general nursing. In those instances where every portion of each year is fully and properly utilized, where the work and study are systematic and carefully graded, there is in three years, exclusive, possibly, of a preparatory term, abundant time for a full course of instruction, and an added year seems but a confession of weakness either in the methods or material of the school or in the qualities of the students.

If in a large general hospital students are left month after month in certain departments because they have become expert in the duties belonging to those departments, and it is easier to keep them there than to change and teach the duties to a new student, the chances are that the end of three years will find many with an ill-balanced training and total ignorance of some subjects. The same possibly might be true at the end of six years.

A nurse may pass from ward to ward and spend the greater portion of her time in giving medicines and taking temperatures, merely because she knows how, unless the closest watchfulness is exercised. Where the material for teaching is limited and fails to meet certain requirements which will be specified later in this paper, there is no call to establish a three-years' course of training. The number of hours to be devoted to practical work in the hospital wards is a matter of first importance in planning a course of instruction. It is practically useless to provide elaborate schedules of study consisting of classes, lectures, demonstrations, etc., unless the pupils can go to those classes in a fit physical condition to profit by such instruction, and it is generally conceded in other educational institutions that any instruction given after five o'clock in the afternoon is more or less wasted effort. I think I am right in assuming that lectures in the evening and classes in the late afternoon are so universal in training-schools as to form the rule; that students attend

those classes who have risen at six A.M. or even earlier, and have from that time on, a period of from eight to ten hours, been engaged in active physical effort; that they commonly enter the class-room in a condition of physical fatigue which forbids any real mental effort. Neither the willingness or the enthusiasm of the student, nor the interest or the excellence of the subject and its manner of presentation, can arouse to fruitful activity minds so influenced or controlled by physical state.

In a study of working hours in representative schools, made a few years ago, I found the average number of hours of practical work daily in hospital wards to be ten and a half. Is it not folly to expect good results from even the best teaching under such conditions? Eight hours of practical work should be the limit of time required of students throughout the general term of the three-years' course. In certain departments, such as operating-rooms or maternity wards, it is sometimes impossible to regulate the hours, but the term of service in such departments is usually brief, and does not affect the main system. To eight hours of practical work two hours may be added daily for theory in some form, either lecture, class, or study, thus forming a ten-hour working day. And every effort should be made to bring the instruction into the earlier hours of the day, and to do away with evening classes and lectures as a rule.

Using these hours as a basis for our curriculum, we have:

Practical work in wards and other departments: daily, eight hours; weekly, fifty-six hours.

Theoretical work, classes, lectures, laboratory: daily (Sunday omitted), two hours; weekly, twelve hours. Such an arrangement forms a fair working basis.

The direct object of the training-school being the preparation of women for the care of the sick of the community, no matter what forms of disease they may be suffering from, it is clear that the subjects upon which instruction is given must be such as will fulfil the object. What may be called the four great branches of nursing are the fundamentals of a good nursing education and an indispensable requirement of a training-school. Every student should be thoroughly grounded in the care of medical, surgical, gynecological, and obstetrical patients, and any school finding itself lacking in ability to teach properly any one of these subjects should either provide opportunities for its students to obtain such needed instruction in some other hospital or school, or cut short the term of instruction if that has been placed at three years.

To these four subjects should be added the care of children, in view of the place in medicine which this subject takes. There is a growing appreciation of its importance from a nursing stand-point, and of the necessity for including it in a general course of training. The pre-

tical training in these five great subjects forms the major part of the whole course of instruction, and should consist of systematic and continuous bedside teaching, which may be carried on by instructors especially prepared and provided for that purpose. Nothing can take the place of this kind of instruction, and the whole function of lectures, classes, and demonstrations is merely preparatory or supplementary. The main body of teaching should always be at the bedside, and that should be done in a far more thorough and comprehensive way than is now generally the case. It may be the province of the assistant to the superintendent, or of the head nurse of the ward, or of special instructors. In those hospitals where the service is very acute and active, or where a medical school is attached, it is often impossible for either head nurses or assistants to give such teaching, and an instructor provided for the purpose carries the work forward systematically and to better advantage.

It has been customary in training-schools to place the pupils at once on duty in the hospital wards. Here it was expected that they should perform the simple duties of bed-making, dusting, cleaning, etc., to advance them to the more responsible duties concerning patients at the very earliest possible moment—to utilize them, in fact, for the needs of the hospital work as rapidly as their apparent progress made it safe to do so. I say apparent progress, because real progress is not possible where pupils are forced rapidly along to the performance of acts which they do not understand; the valuable opportunities for instruction such acts should afford are almost wholly lost to them when they have not been in some way prepared by previous instruction. It is true of nursing schools, as of other professional schools, that to be of the greatest value to the students the course of study should be preceded by carefully planned instruction in subjects which are strictly fundamental. The subjects which may be clearly recognized as such here are anatomy and physiology, household economics (which represent a study of foods and their preparation, hygiene, and sanitation), materia medica, and the elements of nursing.

A pupil who enters the hospital wards prepared by a thorough teaching in these subjects within certain naturally defined limits brings at once intelligence to bear upon the processes of her work. She can understand what she sees and handles, and can profit by matters which without such teaching would pass by unnoticed. Preparatory training of some such nature as is outlined above has been planned as a matter of experiment in certain directions for the past few years, and definitely established as a part of the course of instruction in several leading hospitals both in England and America.

It varies as greatly in length and in the handling of its subjects as the general training of nurses varies, and nothing under the name of education exhibits a more interesting and manifold variety of standards than the latter.

Such preparatory courses may cover a period of six weeks, three months, six months, or even one year. They may include the subjects named on a previous page, or the whole instruction for the three years may be crowded into three months. They are in some instances so arranged that the instruction is carried on largely in the wards, in others in certain departments outside of the wards, and, again, in technical schools having no relation whatever to the hospital.

Still further, they may be established in a separate building belonging, perhaps, to the hospital, provided and equipped for use as a preparatory department. This method is immeasurably superior to any other, and may be considered an ideal way of maintaining such a course of study. What is of interest and value to us is the growing recognition of the fact that some such preparatory instruction is necessary, and the rapidly increasing number of attempts which are being made under many difficulties to provide it. Whatever form this instruction may ultimately take, it may now be reasonably looked upon as a necessary part of a good education in nursing. It should include a prescribed course of study and practical work, of which a suggested outline is presented. The subjects presented should be—

Household Science.
Anatomy and Physiology.
Materia Medica.
Elements of Nursing.

The practical work should occupy about six hours daily, which will leave three to four hours for theoretical instruction in subjects which it will be observed have hitherto occupied largely the time devoted to theory during the entire junior year.

HOUSEHOLD ECONOMICS.

In household economics the various subjects must be handled and taught in a large degree practically. Some departments of the hospital where the work desired as a means of instruction is carried on daily may be chosen, and pupils may be detailed for duty there under an instructor precisely as in a hospital ward.

The nurses' home, under some circumstances, forms a good field for this teaching, especially in handling the subject of foods and their preparation, providing, as it does, two breakfasts, two dinners, and two suppers. The private wards, if such exist, or even a general hospital kitchen,

may be utilized for the study of foods and their nutritive values, their cost and care, and their use and preparation for various forms of disease. In the same way may be taught the principles and methods of ventilation and heating, of plumbing and drainage, and other matters which, under the general term of hygiene, relate to the care and maintenance of a healthful household. The practical handling of the affairs of the household, which lies always at the foundation of good nursing, should be sufficiently taught, and, lacking a separate building for the purpose, it is quite possible to appropriate from existing opportunities in the daily work of various departments of the hospital such material as will prepare the students in these fundamental branches.

In the study of foods there should be a series of classes, combined with the practical work, taking up first the chemistry of foods, and afterwards studying food values and diets in various diseases.

ANATOMY AND PHYSIOLOGY.

The courses in anatomy and physiology should be systematic and thorough as far as they go, and should consist of recitations and demonstrations, laboratory work, and lectures. An excellent method of teaching these subjects for our purposes, where every step of new knowledge depends so closely on some preceding step, is through a short term, covering a period of, say, twelve weeks, occupying, say, six hours weekly. A good working schedule for handling this subject in this way may be arranged thus:

Recitations one and a half hours once a week, lectures one hour once a week. The recitations follow the usual form, and are as valuable here when properly conducted as in the other subjects. In the laboratory work the student is brought into direct contact with the subject of her study, and handles tissues and specimens, makes crude dissections, and uses the microscope. By means of one lecture weekly the instructor explains such points as have presented special difficulties.

MATERIA MEDICA.

This subject may be taught entirely by means of recitations and a few class demonstrations, or it may be partially taught in the hospital pharmacy and the practical instruction obtained there supplemented by class teaching. In the pharmacy a group of students (three to four) may be placed on duty, say two hours each morning for a period of four weeks. There they learn under instruction the preparation of all drugs in daily use in the hospital. They become familiar with various forms of drugs, learn their cost and the influences under which they deteriorate. They are taught accurate weighing and measuring and careful handling.

In a series of classes which should follow this practical work instruction should be given concerning the methods of administering drugs and the observations of their effects, also of poisons and their proper antidotes.

THE ELEMENTS OF NURSING.

This course of instruction would cover some such ground as is here outlined: Beds and methods of bedmaking; changing of linen and moving and managing of helpless patients; the use of appliances for the relief of bed-patients.

The daily care of bed-patients and methods of bathing, tub and sweat baths, sponges and packs. External application (hot and cold), the use of hot-water bags, fomentations, poultices, plasters, liniments, etc., ice and cold compresses.

Preparation for enemata, catheterization, douches, irrigations, with instructions as to purpose and methods of administering. Methods of taking temperature, pulse, and respiration of patients, of accuracy in keeping charts and other bedside records, taking notes, and making reports.

The use and care of ward appliances and utensils, concluding with a series of classes in bandaging.

Two hours weekly for twelve weeks would enable an instructor to cover this ground quite satisfactorily in a careful even if rudimentary way, so that on entering the ward the student is familiar to some degree with her surroundings, and may be safely entrusted to perform the simpler tasks and to meet the less urgent requirements of her patients. The subject of hygiene is exceedingly important, and should be thoroughly and practically taught. It should deal with the proper air supply and temperature of sick-rooms, showing methods of ventilating and heating; with water supply, how contaminated, how purified; with disposal of excreta and other waste matter; methods of disinfection of rooms and clothing; of the general causes of disease and methods of prevention, and with the personal regimen which should govern a healthy life.

In a course of six or eight lectures or classes, including practical demonstrations, and supplemented by visits to buildings where various methods of heating, ventilating, etc., can be shown, the student can obtain a fair working knowledge of this subject, which will serve as a basis for future study in this direction. Emphasis has been already laid on the advantages which such a course of preparatory instruction offers over the usual method, which permits the student to enter the hospital ward so unprepared that she becomes an unskilled and unintelligent performer of duties which are almost, if not quite, meaningless to her—so unprepared that for many months she profits little by the excellent opportunities which the ward offers.

By the general character of her work throughout the entire preparatory period, by practical tests at intervals, and by means of written and oral examinations at its close, the ability of the student to proceed further can be readily determined, and the opportunity for careful observation and study of her personal characteristics during the more prolonged probationary period proves invaluable as an aid in deciding the question of personal fitness. The student so prepared and equipped by definite instruction in subjects directly fundamental may now enter the hospital wards and proceed at once with training in the actual care of the sick. On a previous page have been named the subjects in which she should receive careful, thorough, systematic instruction. I repeat that the standards for registration should require a definite training in the care of medical, surgical, gynecological, and obstetrical patients. As to the length of time which shall be devoted to each subject, it is quite impossible to set any arbitrary limits. The different services in any hospital may vary widely in the opportunities they present for instruction, either as a general rule or at different seasons of the year; they cannot be made to conform to any course of instruction. In a medical ward, for instance, during what is known as the typhoid-fever season, a nurse may obtain a better practical knowledge and experience in two months than in double the time at another period of the year. Almost invariably some one or two services are larger and more acute than the others. One hospital may provide an excellent service in general surgery, while in another gynecology may be much the more important. Three months of medical training in one hospital often mean a totally different matter from three months of such training in another. It is reasonable to assume, therefore, that the length of time devoted to each subject should be a matter of adjustment in a certain degree in each institution. Where a particular service is weak it is evident that a longer time is needed in order that the student may become efficient in that particular branch of work. As a rough working outline, subject to such modification and expansion as each hospital may find necessary, I would suggest: Medical training, one year; surgical training, one year; obstetrics, three months; operating-rooms, three months; total, two and a half years.

If this term is added to a six-months' preparatory training the three year are thus filled. Under the head of medical training may be included the nursing of all ordinary medical diseases, the infectious and contagious diseases, some nervous disorders, and the care of children.

The year devoted to surgical training should include the care of patients before and after all varieties of general surgical operations, of gynecological operations, and also of patients suffering from orthopaedic

troubles. Approximately, the time devoted to each branch of surgical service would then be about six months. I repeat that this time allotment is suggestive only, and must be subject to such slight variations as the unequal services of different hospitals render necessary.

As to methods of teaching and training, stress has already been laid upon what seems to me to constitute the main feature of a proper system. Nursing involves the acquirement of two things—knowledge and technical skill. The skill is the art which is taught by one, the teacher, and acquired by the other, the pupil. It can be taught at one place only—the bedside. There is the true place for the teaching of nursing. There only can be taught the accurate observation which lets no faint shadow of change in a patient pass unnoticed; the skilful handling, the sure touch which brings relief, comfort, and confidence; the thoughtful foresight which anticipates and provides for needs which cannot be expressed; the exact recording of facts and conditions which enables the physician to draw proper inferences and conclusions and keeps him in command of the situation. These can never be taught anywhere but over the patient and under the eye, the constant personal supervision and criticism, of the teacher. No good nurse was ever made in the lecture-room. Lectures have their place, but it is a minor one. They are necessary to cover in a systematic and comprehensive way a certain defined field of instruction. The causes of diseases, the symptoms which they present, the complications and difficulties which may arise, methods of treatment, and the reasons why one thing should be done and not another, form in a general way the subjects which should be handled in the lecture-room. The conference system—that is, the interchange of thought between teacher and students—should be used freely.

The apportionment of subjects for the different years, the grading, so that the student is carried forward from one subject to another in a systematic, orderly, and logical manner, is much more easily arranged in the theoretical instruction than in the practical. We cannot say that medical training should come first and gynecological should follow, because all the patients must be nursed all the time, and each ward must have its quota of younger as well as of older students. In a general way it is advisable to give the solid grounding in the care of medical, surgical, and gynecological patients during the first two years, leaving training in obstetrics, in operating-room procedure, in the care of the nervous, and some special subjects to the senior year. The course of lectures and classes should cover in a systematic and comprehensive way the entire field of nursing work, including such subjects as massage, the analysis of urine, and possibly some others.

By conference between schools, by constant comparison of methods

and results, a definite outline of the essentials which must be taught concerning a given subject, and a definite time allotment necessary for the proper handling of that subject, can in time be reached. It may seem of small importance in the beginning whether a subject is taught in a series of six lectures, or in a series of classes accompanied by demonstrations occupying an hour twice weekly for six weeks; but three years hence it will make all the difference between a nurse who knows that subject and one who does not.

To go further into detail concerning any of the subjects mentioned would be to transgress still further the time limit set for this paper. I have not found myself able to adhere closely to the subject about which your executive did me the honor to ask me to write. I can only suggest some ways by which it seems to me our present methods may be improved and developed, may be steadied and strengthened. If we call what we are doing educating nurses, let us really educate; let us make our professional training as liberal as possible, and not merely technical. Let us do this for the honor and dignity and usefulness of our profession, and for the furtherance of any service which the community has a right to expect from us.

I would urge forward every effort to give better and better teaching in our training-schools, and every attempt to test our competency for our profession.

[The discussion which followed Miss Nutting's paper will be given in the next number.—Ed.]

SURGICAL ANÆSTHESIA *

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THE object of anæsthesia is to do away with the suffering which formerly attended surgical operations. Incidentally many lives have been saved by lessening the shock to the nervous system and by making possible many operations which could not possibly have been done without the aid of an anæsthetic.

As far back as we can trace the history of medicine efforts have been made to lessen the pain of surgical operations. The ancient Egyptians, Assyrians, and Chinese experimented with drugs producing anodyne effects. The Greeks and Romans seem to have had some success in producing artificial sleep by an infusion of the mandrake in wine. Messer,

* A lecture to the Rhode Island Hospital Nurses

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in the eighteenth century, by the aid of hypnotism, enabled patients to undergo painful surgical operations without suffering.

True anæsthesia was not produced until the middle of the nineteenth century. In 1844 a dentist of Hartford, Conn., named Wells, succeeded in producing anæsthesia for dental operations by nitrous oxide gas. Attempting to demonstrate his method at the Massachusetts General Hospital, he entirely failed because of ignorance of the principles underlying his discovery. He was so disappointed that he gave up his experiments, became insane, and died by his own hand. His partner, whose name was Morton, experimented with ether, and on October 17, 1846, successfully anæsthetized a patient at the Massachusetts General Hospital. Morton named his discovery lethon, and endeavored to keep it secret, but the characteristic odor of ether was soon recognized. Simpson, the Edinburgh surgeon, first used chloroform in 1847. Oliver Wendell Holmes suggested the name anæsthesia. It is defined as a condition characterized by abolition of sensation.

By the aid of the circulation a general anæsthetic produces its physiological effect upon the central nervous system. An anæsthetic may be administered by the stomach or rectum or by inhalation. The advantage of administration by inhalation lies in the possibility of perfect control over the amount given and because the respiratory mucous membrane is less irritated by the anæsthetic than is the mucous membrane of the stomach or rectum.

Primarily the action of respiration is like that of a bellows, which alternately draws air in and forces it out. The purpose of this action of the lungs is to bring a constant supply of fresh air in as close contact as possible with the blood. From this fresh air the blood obtains oxygen and gives up in return carbon dioxide. The oxygen thus obtained is carried by the red blood-cells to every part of the body. So necessary is this supply of oxygen that if the supply of fresh air is entirely cut off for two minutes death occurs. If the air supply is partly cut off, the breathing becomes labored, the pulse falls, the color becomes cyanotic, and the patient may become unconscious from asphyxiation.

In using the respiratory channel for the entrance of an anæsthetic we must take care not to interfere with the normal respiratory action and only to add to the inspired air an amount of the vapor of the anæsthetic sufficient for our purpose. This vapor will be absorbed by the blood from the air in the lungs and carried by the circulation to the central nervous centres, where it will produce the condition of unconsciousness necessary for the operation. When the anæsthetic is no longer administered, the vapor passes back from the blood into the air to be expired, and the quantity of anæsthetic in the blood affecting the brain is thus reduced until the anæsthetic effect passes away.

In the consideration of anæsthetics the question of safety is of first importance. It may be said that in general it would be better that a patient should continue to suffer from his disease or, unaided, endure the pain of operation than that he should be killed by ignorant or careless administration of a drug. To pour an anæsthetic in a cone and to hold it over a patient's face until he ceases to struggle is a simple procedure. To properly anæsthetize and carry him through an operation is a task often more difficult than the operation itself.

Of the three general anæsthetics in common use, nitrous oxide, with a mortality of one in five million, is the safest. The time required to administer it is one minute, and the time available for operation is only a half minute. Its principal usefulness is for short operations. It is extensively used for dental operations and to precede the administration of ether. The nitrous oxide ether sequence is at present the most perfect method of anæsthesia known. It requires special apparatus and the skill gained by considerable experience for its successful administration.

Ether is obtained by distilling alcohol with sulphuric acid. It is a transparent, colorless, volatile liquid, having a characteristic, penetrating odor. It is very inflammable. When exposed to air, it quickly evaporates, the vapor also being inflammable. As the vapor is heavier than air, accidents may be avoided by keeping any open flame at a level higher than the supply of ether. The vapor, when inhaled in concentrated form, causes considerable irritation of the respiratory mucous membrane and a feeling of suffocation. The death rate from ether is given as one in sixteen thousand.

Chloroform is obtained by distilling alcohol with chlorinated lime. It is a heavy, colorless liquid, evaporating readily and having a characteristic, sweet odor. Its vapor is less irritating than that of ether. It is not inflammable, but in the presence of an open flame it is decomposed with the production of chlorine gas, which causes great respiratory irritation when inhaled. With a mortality of one in one thousand, it must be considered a dangerous drug. You will probably not be called on to administer chloroform except in obstetrical cases. In these cases it is given in small amounts and not to the stage of complete anæsthesia. There is little danger in such use.

Except in emergency cases which do not allow time to be thus consumed, a patient before undergoing general anæsthesia should have careful preparation. The kidneys, heart, and lungs should be examined, that any fault in these organs may be recognized and consequent accident guarded against. No solid food or milk should be allowed for six hours previous to the operation. The stomach and intestines should be empty, that the danger of food vomited being drawn into the air-passages may

be avoided, that the nausea and vomiting may be lessened, and that these organs shall be required to do as little work as possible when in the depressed condition following anesthesia and operation.

Immediately before the anæsthetic is given, the bladder should be emptied, that it may not be injured or otherwise interfere with an operation, and that unnecessary distention following the operation may be avoided. The clothing about the neck and chest should be loosened, that the respiratory movements may not be hampered. Female patients should be provided with a head cap to prevent soiling the hair. The patient should be in the horizontal position, as this is most favorable to the action of the heart. There should be no chewing-gum, false teeth, or other foreign body in the mouth to be swallowed or inspired.

Before commencing the administration, the anæsthetist should have at hand: the anæsthetic and apparatus for its administration, a tongue forceps and mouth gag, a needle and suture suitable to pass through the tip of the tongue to draw that organ forward, a hypodermic syringe with strychnine, digitalin, nitroglycerine and atropine, saline solution and apparatus for its subcutaneous use, and a watch with a second-hand for noting the rapidity of the pulse and respiration.

(To be continued.)

BELLEVUE HOSPITAL, PAST AND PRESENT

By GEORGIANA F. POPE

Graduate Bellevue Hospital Training-School

Who remembers Bellevue twenty years ago? To the uninitiated it was simply the large City Hospital of nine hundred beds lying at the foot of East Twenty-sixth Street, but for those who knew something of its internal life and were possessed both of feeling and a sense of humor, what a never-ending study of human life in all its phases! Let us go back to it in the guise of a timid probationer in nursing who has come with the highest of motives, combined with the most impractical and sentimental ideas, to devote her life to caring for the sick. She is young and has never been from home before. She has visions of bathing aching brows with cologne, smoothing pillows, placing a rose in the fevered hand of a patient, etc.; and so she goes on duty the first day in Bellevue in ward —. There is no elevator, except for the stretcher cases, and on the way to the top floor she meets the scrub-gang. This body is made up of the arrivals of yesterday's "Black Maria," the probationer is told, and

will work out their sentence of ten days for drunkenness or disorderly conduct in scrubbing and helping in the wards. As she glances at this collection of unprepossessing females clad in bed-tick gowns not made to fit, some with heads tied up, others with black eyes, all bearing the signs of recent strife, she shudders slightly and gets nearer the head nurse. At last the ward is reached, the beds are all full of patients, and a person of the scrub-gang type, called the helper, is clearing away the signs of breakfast.

The probationer is first initiated in the mysteries of making a hospital bed—it is a high iron bed with wooden springs interlaced with wide bandages and having a tick filled with straw. The straw is beaten up with a stick and then the tick is fastened with safety-pins down the middle; oh! the pricks of those rusty pins and the scratching of one's arms with the rough straw until we learn how to do it. There is neither cologne nor roses, but very sick, helpless patients to be washed, cared for, and fed. Some are grateful, some grumble at, some patronize the poor little probationer, and so the first hours go by.

At ten A.M. the doctors come in for "rounds," and after that the probationer is sent for the "basin" with a convalescent patient to show her the way. The "basin" comes from the store, is made of tin, and contains some eggs, sugar, a newspaper cornucopia of soda for scrubbing, a few biscuits, and two rows of pins. After safely delivering this medley of goods to the head nurse, she takes the medicine book to be signed by the warden, and then, with the bottles to be refilled, to the drug-store.

On her return from this oftentimes adventurous journey she finds a new patient has come in who must be bathed and put to bed, her clothes listed in a book, made into a bundle, labelled, and taken to the clothes-room. She makes the descent guided again by the convalescent patient, and meets for the first time Mr. Conolly. This charming personality I hear is dead, but to those who knew him well he must ever remain immortal. One can meet him in Dickens at any time—a small, sprightly, kindly little man, with eyes like a ferret, spectacles pushed above them, always with a hat on, and, when not in earnest whispered conversation, humming a tune. Conolly, with a silent, tall, gaunt assistant, reigned supreme in the cellar clothes-room. Off this damp, dark, odoriferous place was another room for clothes—marked "vermin." When it was your sad duty to go for a bundle from the inner room, Conolly looked at you a moment in compassion, tapped the side of his nose with a forefinger, hummed, and meditated a minute, then disappeared to a dark corner, returning with some clothing which he laid out for inspection as he confidentially whispered, "The owner of this apparel has now been dead a month, God rest her soul; perhaps you will find among these habili-

ments the necessaries you desire." Conolly never used a small word if a long one could be found. You thanked him gratefully as you made choice from this unclaimed collection, smiled at the silent man, and inadvertently left a small coin behind you on the table.

In the afternoon a patient dies, and the probationer stands by and watches the nurse lay her out. When this sad office is ended she is sent with the patient's card for a shroud and to tell the men to come up. She passes the card in at the lower office as told, and a shroud made of white, shining calico is handed her while she hears the order given to the stretcher bearers. These men, who are sitting round the waiting-room, appear to belong to the same type as the scrub-gang. Glancing from the window a little later she sees the sad little procession passing through the grounds on the way to the morgue. Suddenly there is a halt, and what appears to be a slight altercation between the bearers, not restrained at all by the nature of their office.

Our little probationer goes to bed that night and for many nights with a tired mind and weary feet; the fancy work she meant to do sitting by the patients' beds is still untouched; the memory of roses and cologne is gone, but her mind is filled with the dawning knowledge of the sorrow, sin, and suffering of a great city, illustrated so forcibly by those who come under her care; sentimental ideas of being a ministering angel have faded away, but there comes instead a firm purpose to remain and devote these years of training, with their oftentimes unpleasant duties and discipline, to the greater glory of God and the aid and consolation of these poor souls of His.

With the dignity of uniform and cap comes night duty. Oh, that first dreadful night duty! where hurry cases came so often, when patients one had slaved over all night died towards morning, and one's head and feet became so weary! then the complicated method of getting the doctor—you wrote a note, took it away down to the lower office to the night captain, who sent a man to the doctor's room, who either brought back an order, or the doctor himself appeared later.

And who does not remember the night captain? A person of great nocturnal authority who, if you found favor in his eyes, would answer your request to have such and such a thing attended to by saying "Yes, indeed, nurse, with the speed of an antelope!"

Then there was the six-weeks' service in the female erysipelas pavilion, commonly referred to as the "sip." This little ward, built out on the water, had six or eight beds and rejoiced in a helper named Lizzie, a person who, remaining after she had served her sentence, had become an authority at the "sip." Each nurse who came down for duty received

an ode of welcome, "Thou hast come!" and if she continued in favor, on her departure an ode of regret,—

"Thou hast left us.

'Tis thy loss we greatly feel," etc.

There was something quite impartial about it, for only the names of dedication were changed in these companion poems. Lizzie had many peculiarities. Patients who came in with high temperatures were bathed in bed by the nurse, others Lizzie was supposed to assist to a bath in the bath-room. For the latter cases, of which there were few, there was always a great delay in the preparations, until it was discovered that she kept the tub filled with oakum and slept in it, feeling that she lost *casts* by sleeping in her allotted place—the dormitory for the scrub-gang. Another awkward characteristic was that things that she did not care to wash found a watery grave in the East River. I have no doubt that recent dredge accounts would show a strange collection of hospital utensils.

Then there was the beautiful Sturges Pavilion for men, where it was a pleasure to nurse, and where one was assisted by the kindly old night-orderly, Blake, who, I hear, a year or so ago went to his reward. Blake was an old soldier full of reminiscences of the war and a great favorite with the patients; but at two A.M. his martial spirit seemed to fail, and knowing well that the nurse would keep watch, Blake would peacefully slumber in his chair through the wee sma' hours, dreaming perchance of "Marching through Georgia."

Another historical character was "Mike," who reigned supreme as caretaker of the rooms allotted to the doctors of the third surgical division. Mike stood about four feet in his socks, with a big head and a shock of what Tommy Atkins calls ginger-colored hair and beard, and hanging from one side of his head was an immense tumor, which gave poor Mike a singular appearance and made a false lid over one eye, but the other was very alert, and Mike was a fine "helping hand" and a great favorite with doctors and nurses and in the children's wards. I believe he also carried on an active trade in selling his photographs at a dollar apiece.

Another old-timer was "Archie, the painter," called by the children "Peter, Peter, pumpkin-eater," he having given them this name from folk-lore as his own. Archie was always wanting "a little alcohol to thin his paints," but while he returned the bottle with greatly diminished contents the paints remained just as thick, and the probationer came to understand Archie in time.

The list of these unique retainers was large; some had come in as patients, some as prisoners, and had remained on.

Shortly after the probationer graduated the first reform took place—the dead-box was painted, then the “go-cart” was upholstered, then followed the great improvements. The dark, damp, dreadful place known as the “cells,” from which awful sounds were wont to issue, was done away with and the alcoholic wards, clean and airy, took their place, and nurses were sent to care for the patients.

Conolly was given a new, beautiful clothes-room into which the light of day shone, and the bundles marked “vermin” were burnt.

Reception-rooms for the patients were added, and they came up to the wards clean.

Modern iron spring beds filled all the wards, and the wooden springs, straw ticks, and bed sticks were done away with.

Probationers no longer went for the “basin;” orders were sent, filled in, and delivered by those appointed for the work.

The weary night nurse no longer goes for a shroud; a button is pressed, and up it comes, followed by men in official dress bearing the painted dead-box.

Should a doctor be needed, another button is pressed, and added to this is a telephone in each ward connected with a central office downstairs.

The scrub-gang in their bed-tick gowns have disappeared, and in their place are a number of women in neat calico dresses and aprons, who, though perchance some of them have at some time seen the inside of the “Black Maria,” and have served a sentence, are now paid for this work, and are thus enabled to take one step upon the road to self-respect.

An elevator saves the steps and time of the ever-busy nurses, who in increased numbers and with greater scope keep on in the noble work of nursing.

In going over Bellevue Hospital to-day one sees on all sides the inevitable signs of good management combined with many of the conveniences of modern invention.

I have gone back twenty years. Perchance there are many who can go back to the Bellevue of forty years ago, when prison women serving their sentences did the nursing as well as the scrubbing. Then to ten years later, when a number of noble and kindly women, filled with sorrow and compassion for the neglect and suffering endured by the sick in Bellevue, formed a committee, procured a charter, and opened a “training-school for nurses” attached to Bellevue Hospital, where women of education and refinement might come and be trained in this noble vocation. During the following ten years from the time Sister Helen, the first superintendent of the Training-School, began her work, wondrous changes indeed were wrought, and those of the committee who are still

living, in looking round this great country to-day with its many well-organised hospitals and training-schools, must be filled with pride and gratitude for the mighty harvest which has been reaped from their little grain of mustard-seed—for is not Bellevue the mother of them all?

(To be continued.)

SHOULD THE MEDICAL PROFESSION ENCOURAGE THE STATE REGISTRATION OF NURSES? *

BY FRANCIS SCHILL, JR., M.D.

Johnstown, Pa.

BEFORE answering this question it may be well to look at the subject from several points of view. Hence I have divided it into three divisions: I. What it will do for the nurses. II. What it will do for the public. III. What it will do for the profession. I think I can demonstrate that what it will do for the first two it will also do for us.

I. WHAT IT WILL DO FOR THE NURSES.—It will afford nurses that mutual help which only comes from association with one another at meetings and from reading journals devoted to their calling. Getting acquainted with the best nurses in the profession, as well as with their work, will beget a desire to emulate their example. This can only result in good. Those that forge ahead will unconsciously establish a standard and beget a competition that cannot be but helpful to those below if there is the right stuff in them, or else compel their elimination from the field. Registration, by compelling examinations, will establish a certain standard; and we know from experience that the tendency is constantly to raise the standard. There will be established preliminary examinations to determine their fitness for the study of nursing, which will exclude many who are good enough nurses *per se*, but deficient in general knowledge. This is in keeping with the spirit of the times in other professions,—that none but the best shall practise,—and establishes a desirable aristocracy of intellect. Furthermore, State regulation will establish certain other examinations, independent of those of the training-school, to determine their fitness to practise nursing after they have studied it. Thus gradually the title "R. N." or "T. N." will come to stand for a certain definite standard. At present there is no desire to prevent anyone from nursing, only the public should know exactly what

* Read before the Cambria County Medical Association, Johnstown, Pa.

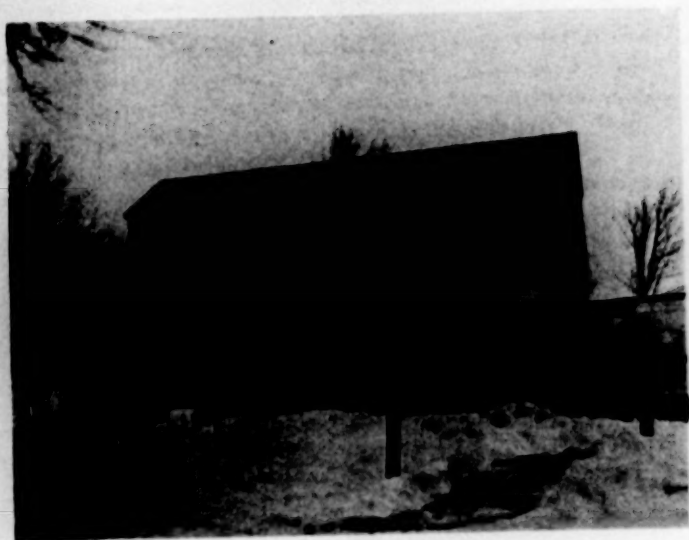
these outsiders represent. Raising the standard of requirements will further weed out the unfit and prevent overcrowding, with its attendant deterioration of wages and unscrupulousness in service and conduct.

II. WHAT IT WILL DO FOR THE PUBLIC.—The public is seldom able to judge of the merits of a nurse until after a trial, and often not then. This trial may be fatal to the nurse in question, but the family may be again fleeced by the very next nurse it gets. And should this costly experience be too often met with, it will beget a contempt for all nursing, which is neither good for the public nor the physician and nurse. Miss Constance V. Curtis tells of a woman who posed as a nurse and undertook the management of a case of enteric fever. The patient was very ill. She gave no baths, ice, milk, or water. He had a severe bed-sore. She allowed no visitors to see him and thus hear his story of neglect. She told visitors that the doctor forbade it. If he complained to his physician, she told the doctor that the patient was delirious. Had she been a registered nurse she would not have been so ignorant, or, at least, there would have been a remedy at law for her imposition. To the public, registration and licensing will come to mean a certain standard, as the word "sterling" does for silver.

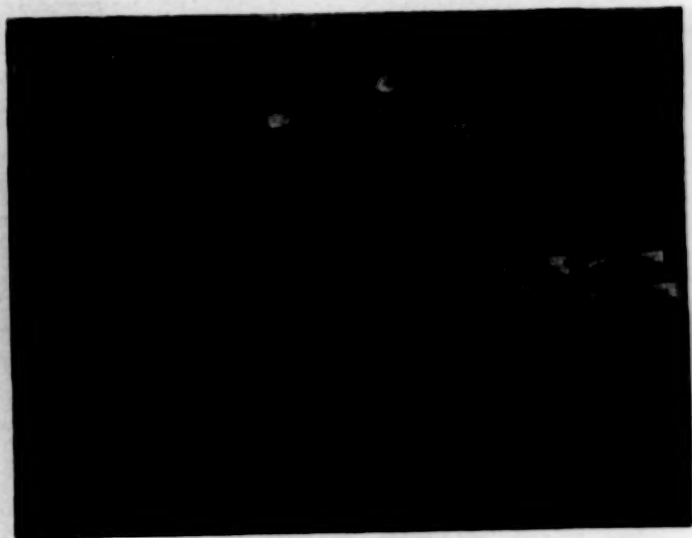
Registration will insure the keeping of records, showing whether a nurse is what she claims to be as to graduation data and as to fitness, and whether she is living up to the standards from year to year. It will also bring about more uniformity. This information will be at the disposal of the public all the time.

III. WHAT IT WILL DO FOR THE PROFESSION.—We, as physicians, realize that such avocations as have to do with the life and death of an individual, or even his daily welfare, should have certain restrictions placed upon them by the State. This we find in the case of physicians, pharmacists, and attorneys. For the physician registration will mean the elimination of illegal competition by those who have put neither time nor money into an education to qualify themselves for their responsible positions in life. It will insure to him a supply of fairly uniform nurses, upon whom he can rely to carry out his instructions. It will mean that he will not have to answer for poor results caused by mismanagement on the part of incompetent nurses. He will know that his patient is getting the best nursing available, and if the quality is poor, he has an organized body to which he can appeal for betterment. The New York law, for instance, insists that schools registered with the Regents must maintain proper standards.

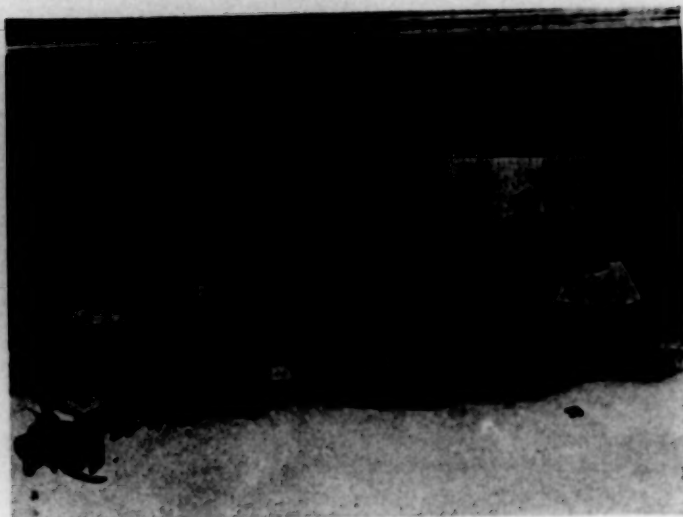
The leading physicians of the four States now having registration—viz., Virginia, North Carolina, New York, and New Jersey—have been warm workers in its behalf. This is as it should be. While the profes-



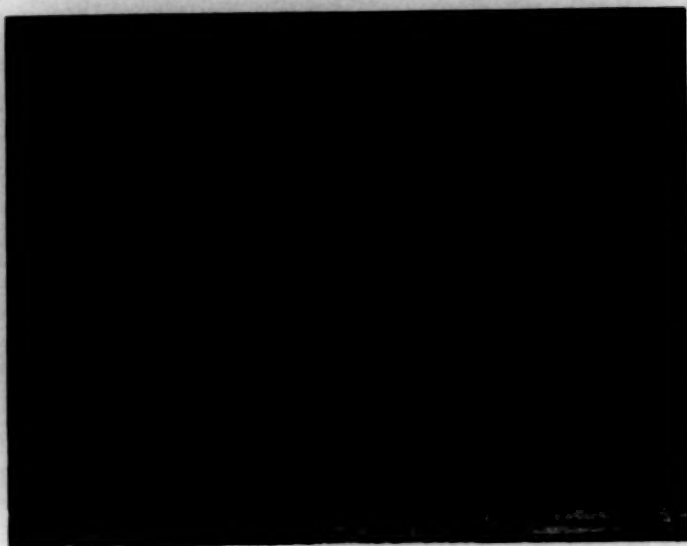
"SHACK"



INTERIOR OF "SHACK"



CLOTHING WORN IN THE DAYTIME



READY FOR BED IN THE "SHACK"

sions of nursing and medicine have their distinct spheres, yet they are intimately connected, and since nursing is looked upon more and more as a necessity, it behooves the physician to champion any cause looking to the betterment of the nursing body. In dividing the subject into three sections, I realize that arguments appearing in one section might be employed with advantage in another, perhaps. But the division is purely arbitrary, and the three are so nearly related that the good of one is the good of all. The subject is just being agitated in comparatively recent times, and so I could not get all the literature I desired. But I trust that I have presented enough arguments to show why we as a profession should encourage State registration. So, in answer to my subject, I shall say, "Yea."

THE OPEN-AIR TREATMENT FOR TUBERCULAR CHILDREN

[THE Children's Hospital in Boston has been trying a very interesting experiment in open-air treatment for children suffering with the different forms of tubercular disease, and through the courtesy of Sister Caroline we are privileged to publish this little sketch with illustrations showing the result of the first winter's work. The "shack" playroom is to be a marked feature of the new buildings which the hospital is to complete in the near future.—Ed.]

A wooden "shack" has been erected at Wellesley Hills and connected by a covered way to the house temporarily in use as the Convalescent Home of the Children's Hospital, Boston.

This "shack" is twenty feet by forty feet, lighted by ten windows in the roof—five on either side. These swing down like a transom and are kept open day and night. There are also windows in either end. The long sides are made like barn doors and can be opened two-thirds the entire length, either on one or both sides. The ones on the southwest side are kept open in moderate weather.

The building and covered way cost eight hundred and ninety dollars. It is furnished with twelve wooden, canvas-covered cots, and two "Champion Railway Heaters." A fire is kept in one all the time and in the second in severe weather.

This building was opened December 26, 1903. Ten to twelve children have slept there every night since that date, and it is also used as a playroom by the fifteen children who sleep in the house.

The children sleep in flannel nightgowns, flannel nightcaps, and woollen bed socks, and between blankets. In the daytime they have on flannel underwear, flannel dresses, sweaters, and woollen hoods.

They are children who have been under treatment in the hospital for tubercular joint-disease, tubercular peritonitis, and empyema.

The building was put up as an experiment, and though it is much too soon to be able to publish any result, it may be said that the children have been perfectly comfortable even when the thermometer outside was twenty below zero, inside against the wall zero, but nearer the stove twenty or thirty above.

There has not been a single case of sore throat or cold in the head. The appetites of all have improved, and they enjoy it, and would protest now should the windows be closed.

THE BEAUTY OF A LIFE OF SERVICE*

By ALICE LUCAS

Graduate of the Sanitarium, Clifton Springs, N. Y.

"Be diligent after thy power, to do deeds of love; think nothing too little, nothing too low, to do lovingly for the sake of God. Bear with infirmities, ungentle tempers, contradictions; forego thyself and thine own ways for love, and He whom in them thou lovest, to whom thou ministerest, will own thy love, and will pour His own love into thee."—E. B. FUMBY.

In this age when new theories, new ideas, and new achievements surround us on every hand, telling of an awakened intelligence and progression in all scientific branches of thought and study, what is more natural than that we nurses should look forward to the higher development of our profession and to a time when we will hold a position which all will recognize as supreme in its service to others.

Since the heroic work of Florence Nightingale down to the present time there has been no other factor that has done so much to relieve suffering humanity and destroy vice and wretchedness as this army of brave women, who have so persistently struggled to overcome the many difficulties that have presented themselves in the march towards higher achievements. Upon the battle-fields, in the midst of the din and confusion and agony, these women of courageous heart and earnest purpose went forth to the accomplishment of a mighty work of service to others; and angels of light and mercy they proved to many a soldier boy, not only lifting the cup of cold water to famished lips, or stanching the life-blood, but teaching them in the dying hour the way through the dark

* Read at the graduating exercises at the Sanitarium, Clifton Springs, N. Y., April 19, 1900.

valley and of the Home beyond. In the hospitals, sanitariums, and asylums how often have they proved a "cup of strength" to the weak and helpless; and what of the thousands of homes, where loved ones' lives have been saved because a faithful nurse had given herself untiringly, and spoken words of hope and comfort, in that dark hour?

To us these noble women of the past have relegated their work—the right to think and act for those who need our care, and give to these weary and distressed ones the best we have to give—our time and health and a spirit of cheerful willingness to soothe their hours of pain. What strength of purpose and energy has come to us as we have thus ministered! We recall the battles fought with disease beside the bedside of some sick one, fearing that, in spite of all our tender care, Death would gain the victory, and when we knew recovery was possible, our souls have thrilled with unspeakable thankfulness and we have counted as naught our toil and anxiety; or if the Death-angel has been present, can we ever forget those moments when we strove to soothe the departing spirit, or offered a word of consolation to those left behind? As we re-collect these memories, who can measure the depth of the beauty of a life spent for others. At such times the desire to be strong for others, to be true to the ideals of our womanhood,—for our ideals we may keep always with us till we grow into the image of them,—has been our first consideration. To every nurse must come, first of all, the desire to be a true woman—one in whom are thoroughly developed all womanly instincts: intelligence, sympathy, tenderness, tact, faithfulness, truthfulness, love, the purpose to lead an earnest, useful life, that we may help and cheer others along the road of suffering that is the lot of all. To cultivate these qualities is no easy task. It means subjecting ourselves to discipline, to learn to do the hard things cheerfully, to gain self-control through self-sacrifice, and to love our work. Love will lead us to overcome the difficulties, it will permeate us with the desire to be noble and strong for others in their time of weakness and suffering. If to one we may bring a lesson of patience, or share the burden with another, our lives, humble though they may be, will not have been lived wholly in vain.

The demand of us is to fill well our calling in whatever sphere we are placed; the voice of inspiration may be heard often through the realities of life, and "honest duty, faithfully performed," will bring its own reward. Our success in our profession depends largely upon ourselves; but if we carry with us the same pure desire, high thoughts, and ideals of service that have been formulated within us while we prepared for the great battle of life, our work will not fail either for time or eternity.

Our work is among the noblest given to womankind to fill. Let us fill it with the spirit of Christ. Let us bear our own troubles so cheerfully and bravely that weary ones looking upon us may be strengthened and encouraged. Being called to this ministry of serving, let us live in all true womanliness and usefulness, that we may prove a blessing and inspiration to those "whose lives are touched by ours."

BELKNAP SUMMER HOME FOR DAY NURSERY CHILDREN

By MATILDA AGNES FREDERICK
Assistant Matron; Graduate New York Hospital

At Far Rockaway, Long Island, is this beautiful and commodious home, surrounded by extensive grounds with large shade-trees. It is the gift of Dr. and Mrs. W. B. James, of New York, for the use of two day nurseries in that city—"Bryson," Avenue B and Tenth Street, and "Sunny Side," East One-Hundred-and-Fourth Street.

The home is open from June 1 to October 1. The children arrive in parties of forty-five and remain three weeks. In some instances the stay is extended to six weeks, and even for the season if necessary. The ages of the children range from seventeen months to eight years. In the nursery are nine little white cribs, seventeen in the boys' dormitory and nineteen in the girls'.

The children are clothed entirely by the home during their stay.

Five nursemaids—under the supervision of the matron—on duty during the day and one at night give their undivided attention to the children.

On the lawn are swings, see-saws, and a large sand pavilion, which, with shovels and pails, furnish a never-failing source of amusement. The children live out-of-doors except when the skies weep, then to the play-room they hasten, glad of the opportunity to enjoy the toys furnished by interested friends—balls and horses for the boys, dolls for the girls, and a miscellaneous collection for all.

Every afternoon when the skies smile all pile into a large stage and are driven to the beach, where, with digging in the sand and "gathering shells by the sea-shore" to be thrown "one by one away," they return a rosy, tired, happy, hungry lot ready for their frugal supper, then soon to bed, sure of a sound sleep.

The children are weighed when they arrive and when they leave,

showing an increase of avoirdupois anywhere from one to twelve pounds, but it is more gratifying to see the color creep into their cheeks as they grow full and round, and the healthy tan of sun and wind in their faces.

They are free and happy under the loving care of the matron, Miss M. E. Rorick, and the health of all improves wonderfully. Their eyes grow brighter and they "step lively."

Mrs. James has built and furnished an isolating pavilion ready for use should a contagious disease develop, but, fortunately, there has been no occasion to use it.

The home is supported by voluntary contributions and endowed beds, of which there are now thirty-two.



THE MEDICAL TREATMENT OF APPENDICITIS.—Dr. A. J. Hall, of Washington, D. C., in a paper read before the American Therapeutic Society, according to a synopsis in the *Medical Record*, believed that so many cases recover without surgical interference that therapeutics had not received the credit to which it was entitled. Appendicitis might be treated medically with a fair proportion of as good results as those obtained by the surgeon, the proportion of recoveries being so large that the physician could safely count upon successfully carrying his patient through the first and second acute attacks. The proposition to operate should be considered in the interval between the second and prospective third attacks. He presented statistics in favor of this view. This included every variety, from the mild "catarrhal" to the severest "pus" cases. His treatment was as follows: Rest in bed; hot poultices to the abdomen; liquid diet, mainly milk, four to six ounces daily; internally, the arsenite of copper and creosote; no purgatives nor opiates. His conclusions were that (1) the tendency in appendicitis was towards recovery; (2) all acute cases should be treated medically until, after mature deliberation, it was shown that operation offered a better prospect for recovery; (3) in recurrent cases operation should be advised in the interval after recovery from the second attack.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



PRACTICAL APPLICATION OF HYDROTHERAPEUTIC MEASURES.—Dr. Charles S. Millet in an interesting paper on this subject in the *Boston Medical and Surgical Journal* advocates the application of cold and heat to the skin, the great organ of sensation, which contains so many blood-vessels it is said they will hold half the blood in the body. After indorsing cold sponging for the reduction of temperature he says: "The local application of heat and cold acts on the part treated in a similar manner as the full bath does on the whole body. If a joint or muscle is very hot, apply ice; but if the disease is of a subacute nature, and the circulation and function impaired, first apply heat, and then cold, perhaps with gentle friction. Ice is too often used to need more than a passing word. It is certainly the best substitute for opium, but should not be used constantly, because it will finally cause paralysis of the vasodilators. I do not think it is applied over the precordia with the frequency that it should be; placed here, its effect is exactly like digitalis; and the beauty of it is, that it acts with great rapidity, that it has no cumulative action, and that it does not disturb the stomach. In cases of collapse or shock, it is as important to put an ice-bag over the heart as it is to apply heat to the extremities; and how often is it done? Ice over the epigastrium will greatly relieve the thirst which follows abdominal operations."

THE URINE IN TYPHOID.—Dr. Frederick C. Shattuck in a letter to the editor of the *New York and Philadelphia Medical Journal* recommends the giving of from seven to ten grains of urotropin to typhoid patients three times a day two days in the week as a means of disinfecting the urine and preventing the spread of the disease.

STERILIZED WATER ANÆSTHESIA.—At a meeting of the New York Academy of Medicine Dr. Samuel Gaut presented a report on this subject. He had operated on minor cases—hemorrhoids, fistula, etc.—with marked success and an absence of bleeding which follows the use of cocaine or eucaine. Within thirty seconds he could completely anesthetize the part. The injection is first made beneath the skin, causing a

sharp, stinging pain, lasting but a short time. The sterile water should be injected between the layers of the skin until a white line appears, showing the part to be insensitive. Dr. L. W. Lee believed the effect to be due to a paralysis of the terminal nerve filaments through mechanical pressure, and also by diminution of the circulation. There was no subsequent sloughing and much less pain after the operation.

CAUSES AND TREATMENT OF VOMITING IN PREGNANCY.—The *New York and Philadelphia Medical Journal* in a synopsis of a paper in the *Gazzetta degli Ospedali e Delle Clinico* says: "Francesco employed valerian in the treatment of excessive vomiting in pregnancy, and reports two cases in which he was able to check the uterine reflexes which give so much trouble. In both instances valerian was given after numerous remedies had been tried, including morphine, both by mouth and rectum. He considers valerian in the form of an infusion, administered in an enema, as a very efficient remedy in excessive vomiting of pregnant women."

LESIONS OF FORMALIN POISONING.—The *New York and Philadelphia Medical Journal*, quoting from the *Riforma Medica*, says: "Riggio studied the changes produced by formalin poisoning in various organs, a subject which has not received much attention in literature. He concluded that formalin is a poison which, when introduced into the body, either through respiration or subcutaneously, produces an intense congestion of the organs which eliminate it. This congestion may be so great that hemorrhages may be found in the liver, the kidneys, and the lungs. The further action of formalin shows it to be a cellular poison which produces degenerative changes in the liver-cells, in the cells of the convoluted tubules, and of the Henle's loops in the kidneys, a more or less pronounced desquamation of the epithelium of the biliary canals in the liver, of the epithelium of the glomeruli of the kidneys, and of the epithelium lining the alveoli and bronchi of the lungs."

SUBCUTANEOUS INJECTION OF OLIVE OIL FOR NUTRIMENT.—Keyes in the *Canadian Journal of Medicine and Surgery* reports the use of subcutaneous injections of olive oil in nine cases of pulmonary tuberculosis with the result of diminution of cough and night-sweats and increase in strength and weight. The injections were made over the shoulder-blades on successive days by means of an aspirating syringe, the piston being reversed with a thumb-screw. Twelve cubic centimetres were introduced on the first and second days, twenty-four on the third and fourth days,

forty on about the fifth day, and, unless unpleasant or inconvenient symptoms arose, the amount was gradually increased to the tolerance of the patient. Poorly nourished patients will, it is stated, sometimes assimilate as much as two hundred cubic centimetres daily. It is thought that the oil injected undergoes digestion, in part as a result of the activity of the blood, particularly the leucocytes.

DIET IN CHRONIC HEART DISEASE.—The *Medical Record* has an abstract of an article in the *Lancet* as follows: "Theodore Schott says the principal and fundamental rules may be conveniently summed up in the two clauses: (1) patients must avoid everything which excites the action of the heart, and (2) everything must be avoided which embarrasses the action of the heart. Under (1) he places strong coffee or strong tea and strong alcoholic liquors. The best beverages are by far ordinary water or milk; next in order comes tea or coffee, both with copious additions of milk. If patients need fatty material, cream should be given either plain or added to milk. Cocoa deprived of its fat is strongly recommended. With regard to the second rule given, patients should avoid that which would cause any considerable gastric distention and should eat nothing which is difficult of digestion or tends to produce flatulency. Too hearty eating or the ingestion of substances which produce flatulence may be harmful in three ways: (1) The diaphragm is pressed up against the lungs so that respiration is impeded and there is shortness of breath and dyspnoea. (2) The distended stomach also presses the diaphragm directly against the heart, displacing it in the direction of its base in such a way that its action can only be carried on with a greatly increased effort. (3) In like manner the intra-abdominal pressure is augmented and the abdominal vessels are compressed. For this reason effervescing beverages disagree with these patients. They should never eat until there is a feeling of repletion; small amounts of food should be taken at shorter intervals than three times a day. It is impossible to urge too strongly that sufferers from heart-disease always require a mixed diet. His experience led him to regard tobacco with especial disfavor. Exercise after eating is to be recommended, but it is quite essential that the individual characteristics of the patients should be studied and the treatment modified in correspondence with the symptoms."

CONTRACTILITY OF PLASTER-OF-PARIS.—Dr. J. Lorance Rugh states in *American Medicine* that plaster-of-Paris does not contract on setting, but expands very slightly. Sores from pressure cannot occur from the contraction of a plaster dressing.

THE GUILD OF ST. BARNABAS



THE extracts from Miss Wood's and Bishop Rowe's Alaska letters of last winter, which we give below, will be of interest at a time when we have heard of the illness and recovery of the former after most devoted service. The news from Alaska lately has been of a nature to make us all feel the bond which unites us to our missionaries. In the June *Spirit of Missions* we read of Miss Emberley's illness and removal from Skagway to Ketchikan, where Bishop Rowe wishes to found a new hospital. An appeal is made for a nurse to assist Miss Emberley here and also for one to take the place left vacant at Skagway by her taking up work in another place.

We may see from Miss Wood's letter below how much she has enjoyed the work and how near it is to her heart. Our news from her was that finding there was an epidemic of diphtheria at a place where there were no doctors and no medicine, she took what remedies she judged would be needed and travelled a hundred miles in a canoe to relieve these neglected ones. At last accounts she was recovering from the disease which she had contracted in the course of her work of mercy. That Alaska is a most interesting field of mission work we have ample evidence, and shall at the approaching convention hope to hear Bishop Rowe's experiences from his own lips. His letter gives us a charming picture of the New Year at Circle City.

We take great pleasure in calling the attention of our nurses to this missionary need in the hope that it may awaken in some of us that wonderful call of the Spirit which has given rise to so many labors in the gospel field and resulted in such a rich harvest of souls.

The approaching council of St. Barnabas Guild in Boston should stimulate us to fresh effort and draw closer the bond of love which unites us. We are fortunate in having Bishop Brent to preach to us on that occasion. Truly with missionary bishops as our associates and missionary nurses as our members, we may feel that we are contributing our mite to the great work. Among other subjects to be discussed we shall give a prominent place to the Pension Fund, on which many of us hold such diverse opinions. It is hoped these opinions will be well aired and that the nurses will take part in the discussions. It is hardly to be desired that the chaplains should do all the talking, and we feel sure that these reverend gentlemen would give us a chance to be heard if we would take it. The Pension Fund is the nurses' affair and they should show an

interest in it. We can all talk fast enough when we want to, and this is a good occasion for eloquence. The council meets in Boston October 3 and 4, and we hope it may be well attended. The Boston Branch will be delighted to return some of the hospitality lavished on it and bids one and all a hearty welcome.

MISS WOOD'S LETTER.

"CIRCLE CITY, ALASKA, February 18, 1904.

"... The lowest temperature we have had so far has been sixty-two degrees below zero. It takes quantities of wood to keep the cabin warm, but our feet will persist in getting cold. We made our Christmas very pleasant with one lovely tree dressed in all its finery, with dolls innumerable and pretty and useful gifts for all—a charming reminder of the loving, thoughtful hearts at home. . . . We had our little church beautifully decorated. We had abundance of spruce and numbers were willing to help. Our Indian girls made all the festooning and wreaths, and then the young men hung them and we put on the finishing touches. One young man gave us a new carpet for the chancel, another made candlesticks for the altar and a candelabrum of native wood, turned and finished in white enamel. . . . The gentleman who had been holding services was also away, but the doctor was willing to lead our Christmas service for us. The church was filled, almost everybody being there. After evening prayer the gifts were distributed, and then the Indian children sang their Christmas carols. How happy everybody was! All the mothers, both white and Indian, brought their babies and none of them cried! The bishop and Mr. Chilson arrived New Year's Eve, about eight o'clock. It was a snapping cold night, forty degrees below zero. I heard an unusual jingle of sleigh-bells and ran to the door to see the mail-team rushing past and a few yards north another team climbing the river bank, and I knew it was the bishop. . . . To-morrow our mail goes out and four little Indian children are around the table copying 'Silent Night,' which they want to sing to some white people, so I have been forced to go into a cold room, where my ink is freezing. We have a great deal of company, both Indian and white, and with all our other work, our letters get crowded into the wee sma' hours sometimes. . . ."

BISHOP ROWE'S LETTER.

"MISSION OF THE HEAVENLY REST,

"CIRCLE CITY, ALASKA, JANUARY 30, 1904.

"The 'Heavenly Rest'! So it felt to me when I arrived here on the last night of the old year. I had tramped forty-five miles that day and was hungry and tired. Miss Woods and Miss Farthing soon had a sumptuous supper ready and I ate away my tiredness and hunger. We

had been expected, but were given up for the night; however, our arrival was soon known by every soul in camp. Midnight service had been declared off, but I declared it on again, and at eleven-thirty nearly everyone, native as well as white, was in the chapel. In spite of a solid run and tramp of forty-five miles I held the service. To stand was not difficult, but to move at all was attended by stiffness and some limp. The service was bright and inspiring from the fact that it had been looked forward to and prepared for. It amply repaid me for the struggle I had made to reach Circle before the new year. Since then I have kept on with daily services, which have been attended largely. There is quite a religious quickening going on among the natives. Sundays are very busy days—five services and Sunday-school. Just after arriving the 'cold wave' set in. We have had it seventy degrees below. I wonder if you can imagine how cold that means! I had planned to leave on Monday, but it was too cold. The distance is four hundred miles, with four bleak summits to cross, and such intense cold burns out your lungs, so I am waiting until the wave moderates. So far I have had a fairly nice trip. I realize that I must be pretty tough. In the eight hundred miles already made I have always been on my feet, leading the way ahead of the dogs on snow-shoes. Sometimes this has been serious work. The days were so short, the daylight at best so dim, and the great wastes of snow stretching into remoteness made it hard on the eyes and hard to keep my course. One day I got lost completely. The first calamity was breaking through bad ice and getting wet. I had to change or be frozen, and oh! how cold it was. Then I got my axe and felt my way with it, but with my eyes dimming so much from the accumulation of frost and at times closing, I failed to mark my way accurately, and the result was that towards night, after wearily tramping twenty miles, I came to the conclusion that I was off my course. I had been threading my way through a labyrinth of islands and sloughs that all looked alike. I hesitated, then concluded to camp for the night, but had to return to the camp I had left before I could find wood for a fire, and broke through the ice again in the darkness—a discouraging experience. However, I am here safe and well, for which I am deeply thankful. I have escaped any serious trouble, suffering nothing more than slightly frozen fingers and face and weariness, and have never been lame. I have not time to tell you of the happy visits I have had with the natives in the out-of-the-way places I have been able to reach on this journey. I enclose the measurements of William Loola and Joseph Kwulwal. I should be very much pleased if a box could be sent them this year. I ordained William to the diaconate at Fort Yukon. He and Joseph are fine Indians and have been most loyal and faithful. Their work is beyond praise. William Loola has been the saving of the Fort Yukon Mission."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

EIGHT self-governing societies of English nurses, numbering in all at least two thousand members, were represented in the Provisional Council which shared in the nurses' meetings at Berlin. This Provisional Committee has agreed that as soon as the affiliated leagues or societies shall show an inclusive membership of five thousand nurses it will be reasonable and proper to unite them definitely into a National Council of Nurses, and so bring them into the International.

Meanwhile another league, that of the Parish of Nottingham, has been formed with eighty members, and has an excellent journal.

The *Hospital*, which assumes to have something to say on nursing matters, is struck with consternation at the possibility of a national council formed as above suggested, speaks of not allowing it, believes the American nurses are deluded, and calls vainly for somebody else to arise and do something—all of which is very good for the cause of voluntary association and helps the English nurses considerably. The new league also has a Recreation Committee, an idea which we commend again to dull associations.

THE SOCIETY FOR REGISTRATION

THE last report of this society contains much that is interesting. A committee has been formed in Scotland to work for State registration, and resolutions favorable to registration have been passed in public meetings in Scotland and in Ireland. The Irish Nurses' Association, as is well known, has been for some time active in this work. The society now numbers one thousand two hundred and eighty-one members, all of whom pay their dues. The report shows an enormous amount of work done with distinction and thoroughness. So far the society has not committed one mistake, and its entire record is one of untiring propaganda and definite construction. As usual, the burden of the work has been carried by a small group of persons, willing burden-bearers, among

whom the secretary, Mrs. Fenwick, and Miss Brey have shouldered tasks which are simply amazing. Though the opposition has no intelligent arguments, it has a great deal of "influence" and dead weight, and fighting it has been like pulling out roots.

THE ROYAL VICTORIAN TRAINED NURSES' ASSOCIATION

THIS Australian association, which has brought about a voluntary system of registration, and has organized all the hospitals, is now working out an acceptable scheme for a future course for matrons which shall fit the matrons for their work of bringing up the general standard of pupil nurses' education.

LETTER

THREE weeks, or nearly three, in London is not nearly enough to see all there is to see in nursing affairs, yet one can see a good deal in that time, and I rather think our delegates to Berlin did not have time, when they were in London, to go about to the different club-houses or nurses' homes as much as I did, though I by no means saw all I could have seen or would have liked to see. My first visit was to Miss Wood, whose strong and capable personality was so striking at our Buffalo meeting. I found her looking as well, as vigorous, and as full of work as ever. I had a nice tea-drinking visit with her and then inspected the Hostel, which I was most anxious to see. I felt certain that it was just what we very much need at home, in each large city, and after seeing it I was more convinced than ever. It is a *hotel* for nurses, not a club-house, and it is as unreservedly open to all nurses of good standing as any good hotel is open to the public. In another month, when our nurses have come back from their summer vacations, I hope to give a detailed account of it, as I hope it may start something of the kind at home. It is a solid, dividend-paying success. Other very beautiful—almost even luxurious—nurses' homes that I saw were the Nurses' Coöperation and the St. Andrews House. They are more like some of our club-houses at home, and are not so instructive from the business side as the Hostel is. St. Andrew's House is, I understand, the property of a lady who is not a nurse, and who conducts it also rather on the lines of a private hotel. At least it is sometimes possible for a nurse from other places to get a room there. But I imagine it is rather exclusive. I took luncheon there with Miss Amy Hughes, who is deeply absorbed in her work of supervision

with the Queen's Jubilee Nurses. She, also, like other English nurses, does not look a day older, has a fresh color, and fresh ardor daily in her work. She had been preparing her testimony on the registration question, which I mentioned last month as having been extremely effective. Another time when there is more room I want to tell, for the benefit of district nurses at home, what she says about "Cottage Help." The Nurses' Coöperation is also a very beautiful and very delightfully fitted-up home for nurses. It is, however, limited to its own members, had the house given to it, or in part given (I mean that they have also had to put money into it), and is very much like some of our club-houses in New York and Boston. It accommodates, if I remember rightly, about eighty nurses.

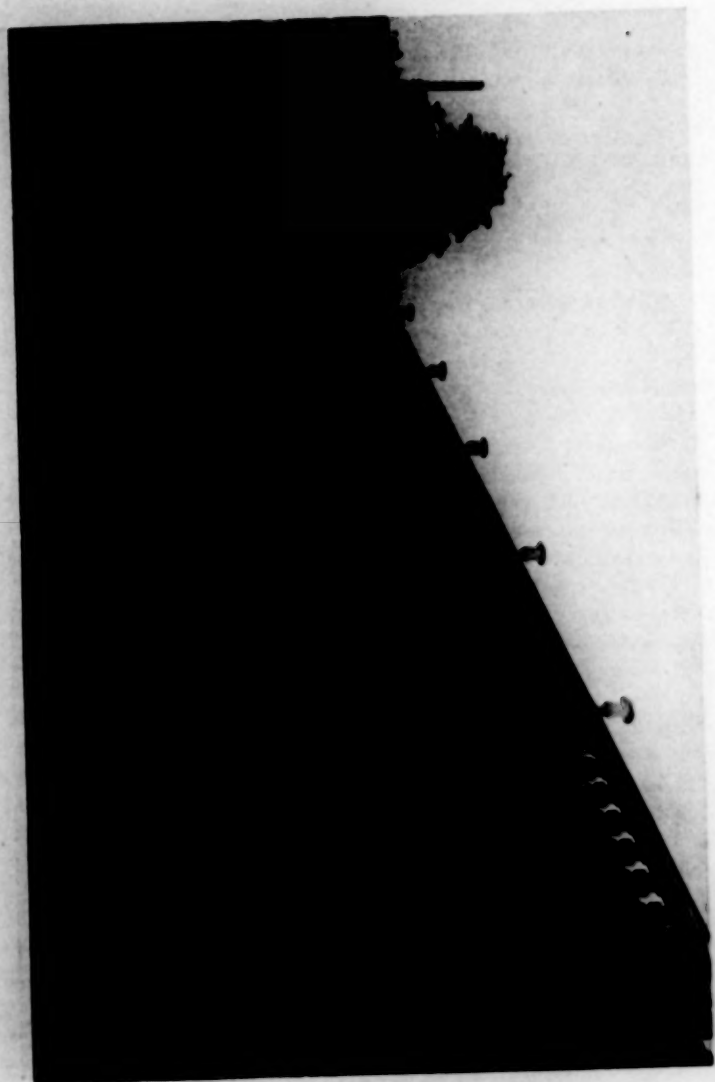
The place where I spent most time was at 431 Oxford Street, for there, be it known to every one, the International Council of Nurses has a most lovely office, with hardwood floor and highly polished tables, mossy green rug, and soft green walls, green ferns and pink carnations. The tables are planned for hospitality, but they are good for work too. It is really the Registered Nurses' Society offices and registry, but as there are three rooms several other societies have their headquarters and hold their business meetings there. The State Society for Registration had its meeting while I was there, and I was also present at the annual meeting of the Registered Nurses. It will be remembered that Sister Cartwright conducts this registry and the business affairs, and it would certainly be hard to find anyone who would do it all as well. Not only is she the soul of womanly goodness, but her bookkeeping is a marvel of clearness and detail and her accounts are always exact to a ha'penny. And it is much more complicated work than our registries, for she collects all the fees from the patients due to the different nurses, keeps the account for each of the hundred nurses, and in several different books, slips for the nurse and duplicates for the office and the big ledgers besides, calculates and deducts the percentage which each one pays as her share of expenses, and then, besides that, all the messages and telegrams, cabs, and nurses' travelling expenses are recorded and added or deducted. It made my head spin, and our way, of having the nurse collect her own fees and pay in her share of the registry office and expenses annually, seems so much easier for the registrar, who, as every one knows, has a sufficiently exacting task in pleasing all the physicians, patients, and nurses.

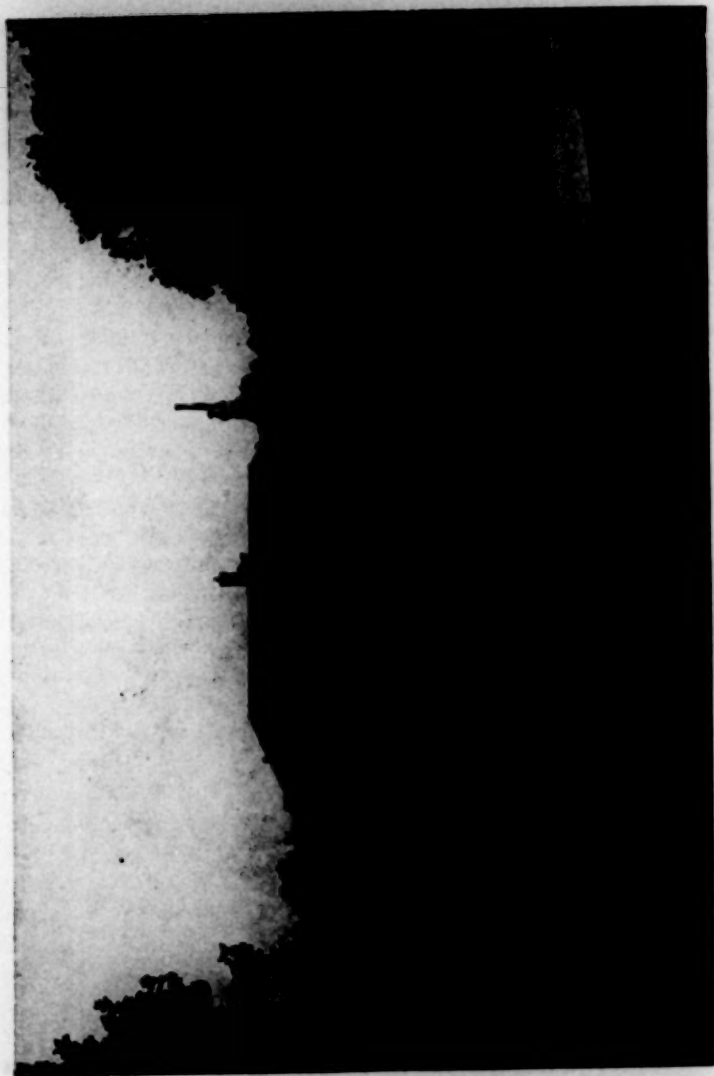
Besides all this, Sister Cartwright produces every afternoon the most delicious tea, little sandwiches, and plum-cake. As for me, I looked upon the day without afternoon tea as a lost day.

I have many more things to tell, which must wait for another month.

L. L. D.

HORIZONTAL STELL





NURSES' HOME, HÔPITAL STELL

HÔPITAL STELL, PARIS

It was my good fortune during a recent visit to Paris to see the "Hôpital Stell," built and supported by Mr. and Mrs. Edward Tuck. It is situated at Rueil (Seine et Oise) about an hour's drive from Paris. The hospital is perfect in all its appointments. The architecture is distinctly French but the cleanliness is certainly American. It is a stone building, long and low, and can accommodate twenty patients. The operating-room, pharmacy, and disinfecting-room are all up to date and remind one of the newest and best of our American hospitals. There are no wards; in some of the rooms, all looking southeast upon a beautiful park, are two beds, in others only one.

The principal front of the building faces a garden à la Française, and across the garden is an old family mansion dating from the eighteenth century which has been converted into a nurses' home and administrative department, and here the nurses and the matron, an English woman, live.

The nursing staff consists of four nurses—the head nurse, a graduate, and three nurses under her.

The hospital was given by Mr. and Mrs. Tuck for the benefit of the poor at Rueil, where they have their château, and since it was opened last August has averaged sixteen patients, besides a daily average of fifteen out-door patients.

The leading physician of the town has charge of the medical service and makes rounds twice a day among the in patients. The major operations are performed by one of the best of the Paris surgeons and the clinical charts show how well the surgical cases do.

Altogether, it was a pleasure to see in France a hospital where the *asepsis* seemed perfect and the cleanliness absolute.

MARY GOODRIDGE.



THE Voluntary School Nurses' Society of London has been dissolved, and the work of providing nurses for the public school has been assumed by the Education Committee of the London City Council. The Voluntary Society was organized to demonstrate the value of school nurses, and this having been accomplished, it has no further reason for continuing.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

New York, September 3, 1904.

The Editor American Journal of Nursing, Rochester, N. Y.

DEAR MADAM: Bishop Rowe, of Alaska, writes to me that he has urgent need for at least two or three additional trained nurses on his staff. He has at the present time six missionary hospitals in various parts of Alaska. He particularly needs a woman for Circle City on the Yukon, where she would probably have sole charge; for Valdez, on the southern coast, where she would be an assistant to the nurse in charge; and at Ketchikan, in the south, where the arrangement would be similar to that at Valdez.

The woman who goes to Circle City should be a person preferably not under thirty, and with a good background of experience. For the other positions younger and less experienced women might be used, but in any case it is necessary that they should be excellent nurses.

The qualifications may be briefly summed up as follows:

1. Communicant membership in the Protestant Episcopal Church.
2. Robust health and ability to live in the Alaskan climate. Circle City has a rigorous winter. Valdez is fairly cold with a great deal of snow. Ketchikan has a milder climate, probably no more severe than that of New York State during the winter.
3. A willingness to use professional skill for missionary needs; that is to say, in commending the Christian faith as our Church has received it to people who might not otherwise be influenced by it, and in trying to render all sorts of service to needy people, whites and Indians, because of one's own Christian faith.
4. Readiness to work under authority, either of the bishop or missionary or nurse in charge.
5. Ability to work in harmony with other people. Missionary life means that missionaries are thrown together in small groups with little other congenial company, and must therefore be people who can stand the strain of associating uninterruptedly with the same people.

As a rule our nurses in Alaska receive five hundred dollars a year. Quarters are provided. The missionary stipend is based on the principle of giving a support but practically nothing more.

The work is difficult and hard in many ways. At times the strain

is heavy; at other times there is less to do, but as a rule the nurses are occupied pretty steadily. The people to whom a nurse would have to minister would often be distasteful,—rough miners, uncouth Indians,—but without exception the nurses whom we already have there are enthusiastic about their work. This is due, of course, chiefly to the fact that they regard it first of all less from the professional than from the religious point of view.

If you can put me in communication with any young women who might be willing to consider such service, I shall be grateful. I hope that I have not seemed to make the service too hard and forbidding. It is not that by any means, as I think those who are doing it would be the first to testify; but it is well that a person considering it should not be misled into thinking that it would be similar in all respects to work here. The hours are less regular, the equipment is much more meagre, and one is thrown more completely on her own resources. Very truly yours,

JOHN W. WOOD, Secretary,

281 Fourth Avenue, New York City.

[THE following letter we shall answer in our next issue, and we invite the views of those who are giving special study to the subject of higher education. Miss Saffair has expressed what a great many nurses feel who find the life more of a grind than pleasure. Putting to one side motives of philanthropy, and judging the question from a plain, practical stand-point, "How will the higher education affect the nurse in private practice?"—Ed.]

DEAR EDITOR: Permit me to say a few words in regard to our profession as I see it. For the last seven years a great deal has been done to improve it. Almost every training-school in the United States is constantly adding to its curriculum; from two years of training they have changed to three years; they have also raised the standard for admission into the schools, and the latest reform, the registration laws, will certainly put the profession on such a footing that every woman will be proud to belong to it.

All this is very inspiring, and we cannot help but respect and admire those women who have brought about these reforms. But there is one question I would like to ask our teachers and reformers, What does the future offer us more than the past?

They will say that it will give us a better standard. Granted. But will it make our lives easier? Much has been said and written of late about reforms in the profession, but all I can gather from it is that the public will certainly gain, also the teachers of training-schools, for they will deal with more intelligent and mature women. I do not mean to reflect upon the nurses of the past, but if I do I include myself, so I hope to be forgiven.

Will the future nurse not have to work so hard in the hospital while in training and after? Not a word do I hear about that. I think that the majority of nurses will bear me testimony that when we take up the profession we are very enthusiastic, and that helps us out with our hard work and discipline of the training, and we all look forward to the day when we will be free. That day arrives at last, and we are told that we are full-fledged nurses and can take up private nursing or a hospital position.

If we choose the former, what do we find: To be a successful nurse in private duty we have to adapt ourselves to all conditions and surroundings, and we have to eat food which we do not like, we have to get our sleep whenever we can and wherever the family puts us. We are entitled to two-hours' rest daily. Do we take it regularly? How often do we give our night's rest to our patient, and how often do we do twenty-four hours' duty on a stretch without any rest? But someone will say that we are well paid for it. I do not think so. Every skilled laborer is well paid here in America. The carpenter gets four dollars and fifty cents a day, and his day is only ten hours; the plumber gets three dollars and fifty cents for ten-hours' work. We, who are dealing with the most delicate and complicated structure, the human body, are paid twenty-five dollars a week, which is three dollars and fifty-seven cents a day—of twenty-four hours very often. To be sure, we do not work all the twenty-four hours, but we have to be on call. We have to keep up with the time by reading the latest books on nursing. When we are off a case, there is not a night but we might be wakened up from our best sleep, rain or shine, and be sent to a case.

And if we take up hospital life, what do we find there? The average hospitals pay their nurses in charge of wards between twenty-five and thirty dollars a month. The cooks in the same hospital received from twenty-five to forty dollars a month, and the latter did not go through a three-years' course, did not have to pass any examinations, whereas we are expected to possess a certain education before we enter the school, to pass three years of hard work that no one can realize but those who have been through it. Our conduct is watched; our manners are criticised; we do not get the same food as the superintendent of the hospital or the internes; we live in some of the hospitals in dormitories. After all that, I say, we are offered twenty-five dollars a month.

A position was offered to the writer not long ago to take charge of two wards, male surgical, of forty beds, male pupils, a small operating-room attached to the wards for minor operations, and as that hospital has the largest ambulance service in New York City I could expect a good number of minor operations. I was asked if I was a good teacher

and also a good manager. For all that I was offered thirty dollars a month. Now, I ask, what profession expects so much of those who take it up and gives so little in return? How many women do we have among us who can say that they have done twenty-five-years' active work and are not physically wrecks? I think it is about time that this question is looked into.

ROSA A. SAFFEIR,

137 East Fortieth Street.

DEAR EDITOR: Your suggestion and remarks about raising money for the Columbia course were so excellent that I am forwarding my mite in hopes it will be one of many hundreds. What a splendid thing it would be if the nurses of America were to endow this course themselves, in courageous and active self-help, instead of thinking "Mr. Millionaire ought to endow it," or "Mrs. Billionaire will perhaps give some money to it"? Our nurses are actually able to do it if they will. They are, on the whole, a well-paid set of women. And would it not be a glorious opportunity for the modern nurse to prove that she really does appreciate her advantages, and that she really does wish to pay the debt of the past and to invest in the future?

I am sure that nurses to-day would be glad to show that they too can make some sacrifice for their profession, to which our pioneers gave all that they had. And it is most important, too, to remember the warnings of the Special Course Committee, not to allow the control of the course to be taken out of the nurses' hands. Yours truly,

L. L. DOCK.

[Miss Dock's contribution was twenty-five dollars.—ED.]

DEAR EDITOR: As the fall of the year approaches our thoughts naturally revert to the winter work. The meetings of the Manhattan and Bronx Association will commence in October. Let us hope that all members of that association will take up the work with renewed health and vigor and make vigorous efforts to attend the meetings and become interested. It has been hard, sometimes, to get a quorum. Out of a membership of seventy-five surely such ought not to be the case. Yet when speaking to members individually the fault seems to be procrastination—always putting off, waiting until the next time. The next time comes and something else happens. When one thinks that it only means eight meetings in all, and that those who have attended religiously are busy nurses, a very little effort on the part of other members might help the work along by introducing a new element, making the meetings recreational occasionally. The more people one meets, the pleasanter

the meetings; the more ideas and thoughts introduced, the less likelihood of getting into a rut. Expansion is what we need in all ways.

The nursing world just now is on the threshold of a great future, a period of evolution. The private nurses of New York have a right to take some part in this process of evolution, to have some say in matters which concern them now and may concern them more in the future. As individuals only a limited amount of good can be done, but as a body a great deal may be accomplished. Therefore let us have a few more workers, enthusiastic, helpful, and earnest. We have many promises already, and I am sure this winter's work will bear good fruit.

We certainly have much to be thankful for for the good work done by the officers of the association who attended so faithfully all last winter in spite of their own arduous work, in some cases one person doing the work of two, and not only for the doing of it, but for the manner of the doing, without any feeling of resentment, but just because of the great interest in the work. It is just such workers as that who have helped great measures, not the lackadaisical ones.

M. A. MOORE.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



A SAFE PRESERVATIVE FOR MILK.—The *New York and Philadelphia Medical Journal* says: "*Presse médicale* states that P. Diffloth, Adolphe Renard, and Charles Nicolle have been studying the action of hydrogen dioxide on milk and have come to the conclusion that the best method for preserving that fluid is to add from one to two per cent. of the antiseptic as soon as possible after milking, and to leave the milk in a cool place from six to eight hours before it is used. The milk thus treated is tasteless and odorless, and does not differ in any way from fresh milk. When churned it coagulates in exactly the same time. Hydrogen dioxide cannot be compared to other antiseptics, the addition of which to milk is justifiably prohibited. While the latter, in order to be effective, must often be used in toxic doses and remain subsequently in the milk for an indefinite period, hydrogen dioxide disappears entirely in a short time. In contact with milk it is decomposed into nascent oxygen and water, so that at the end of a few hours no trace of it remains."

EDITOR'S MISCELLANY



THE *Washington Mirror* publishes a most sarcastic editorial on Dr. McGee and her band of nurses, which we print to show the kind of ridicule that nurses may expect when they leave the paths of plain common-sense marked out by their own leaders, and follow after those who are sure to use them for their own selfish ends. The *Mirror's* comment reads as follows:

"It is really painful to learn from uncontrovertible sources that the Japanese Government does not appreciate the blessing which we sent it in the shape of Dr. Anita Newcomb McGee and her band of trained nurses. Many and divers are the complaints against these picturesque personages, and Minister Takahira has been asked, in the flowery parlance of the East, how he came to be such a soft, chicken-hearted, stupid donkey as to allow the 'tried and trusty' to descend upon the Orient. Now, if the reader's memory can go back to the early days of March, 1904, he will remember that this publication utterly refused to become impressed with the campaign of Dr. Anita Newcomb. We knew Dr. Anita, even before the Spanish-American War, and we were prepared for the sequel. The trouble is that, first, Dr. McGee and her nurses cannot speak the lingo of the island kingdom. Of what earthly use is a nurse who cannot ask the patient to put out his tongue, to name the particles of his *menus*, and to describe his symptoms, severally and particularly.

"Then the nurses cannot eat the food prepared by Japanese cooks, nor can they live under the same conditions as the natives of the Mikado's land. Consequently, a *chef* from Hong Kong was imported, sundry articles of Western civilization, such as beds and mattresses and feather pillows, had to be purchased, and before the doctors had finished fixing up for Dr. McGee and her followers more cash had been spent than would pay able native nurses for six months. Another thing is, Dr. Anita is a born general, and she has wanted to mix up in the fighting and to direct things a bit. In the Orient women have to follow the maxims laid down by the apostle of the Gentiles. They are not supposed to speak in meeting. But the salary end seems to be holding out, and, after all, that is all Dr. Anita minds. She is somewhat thick-skinned, and the fact that she is in the way and causing embarrassment to the Japanese medical corps will not give her a moment's anxiety, so long as she draws so much per month. But the American Minister and the consuls have been approached

with the suggestion that Dr. McGee and her nurses and all the other American nurses sail for home. It remains to be seen if they will act on the hint. If not, the Japanese doctors intend to graze them out, so to speak, but to allow no more interference with hospital work. I trust Dr. McGee will now come home. She has gained all the notoriety which even she could crave and, incidentally, she has added largely to her bank account. Since it is obvious that the Mikado's medical corps can manage the job without her, she might take up the cause of her interesting young family. She has three very pretty children and they surely require some care. Then there is another Dr. McGee in the family who looks forlorn and lonesome, and would certainly appreciate the ministering care of his clever wife just as much as the Japanese soldiers."

THE EDUCATION OF THE NURSE.—Dr. Frank W. Patch, of Framingham, Mass., writing in the *North American Journal of Homoeopathy*, says many good things in support of higher education for nurses. Speaking of the lack of uniformity in training-school methods he says: "When one looks about in the large educational field of to-day and observes the absolute lack of uniformity in standards among those who are devoting their lives to the cause, it should give us courage to feel that we are not alone, and hope that we may yet see evolved a high practical efficiency which shall serve well the new conditions arising in the medical profession and in the more highly developed humanitarianism of our coming life."

"Of schools we have now no lack—almost every hospital and sanitarium, public or private, with capacity of anywhere from five to five hundred beds, has its training-school. The time required in training is from a few months to four years. The only standards of either admission or graduation have been those arbitrarily established by the hospital managers according to the necessities of their particular institutions. In other words, the training-school has usually been tributary to the hospital and its educational advantages incidental to the needs of that institution."

In speaking of the prevailing custom of medical men attempting to teach nursing he says:

"At present we are confronted by the singular spectacle of the members of one profession attempting to act as instructors to students of another profession. Few physicians are proficient in the technical side of nursing; they can recognize a good nurse, they know how they like to have things done, and appreciate the tact and skill of the well-trained woman, yet how many possess the ability to perform nurses' duties?"

... "Now, we all feel that in other pursuits of life the best teachers are those who are able to illustrate by actual use every detail of the art they would impart to others; in fact, we find pupils of other schools usually entertaining great contempt for instructors who are not capable of practising all they teach.

"Physicians still continue in the feeling that classes of nurses are an immature lot of medical students, who in some indefinite, unexplainable manner are to absorb the elements of nursing through listening to lectures on *materia medica* or surgical pathology.

"The sooner we divest ourselves of this failure to distinguish clearly the lines of demarcation between the two professions the better it will be for each, and only then can we clearly comprehend the sort of instruction most needed by nurses. Let us then establish this first postulate firmly in mind: that the profession of nursing should be taught by nurses. Let the schools call in all the help they see fit on subjects closely related to their own, in medicine, in biology, in chemistry, in hygiene, but let all these remain subsidiary to the great subject in hand—that of instruction in nursing—and this instruction, in order to reach its highest development, must be practical object teaching, imparted always by those most competent in its execution.

"At the present day it is not so easy to secure women thoroughly equipped by nature and education to fill these teaching positions, broad-minded enough to grasp the duty imposed upon them, and competent to organize and discipline those under their charge in a perfectly impartial manner. For some time yet physicians must stand shoulder to shoulder with the few nurses already in the field and aid them in developing others to fill the many posts of need. The first and greatest desideratum is for all, nurses and physicians alike, to have a clear understanding of the end towards which to work, and then women to fill these places will be developed and the road will be a comparatively easy one. Confusion impedes progress more than any other element; whoever can aim at any distinct end is sure to accomplish that end sooner or later, provided sufficient patience and persistence are brought to bear."

Dr. Patch disapproves of the monthly fee to pupils on the ground that an education that is not worth working for is not worth having, in support of which idea he says:

"It is a confession on the part of the schools of one or two things—either that the supply of probationers is woefully scarce, or that the education offered is deplorably poor. On the part of the pupils it is a confession that, after all, the goal is not worth striving for."

In fact, Dr. Patch has caught the spirit of progress in nursing education, and with one exception we are cordially in sympathy with

him, but we have to take exception to his closing remark that "it is to Dr. Alfred Worcester, of Waltham, that we are chiefly indebted for taking the lead in the movement to systematize the work of training-schools." Perhaps it is hardly to be expected that medical men should be willing to admit that the great upward movement in nursing comes from nurses, aided and abetted by members of other professions, who in some instances have not thought it necessary to give credit for the original suggestion. Dr. Worcester may have done much, but hundreds of nurses have done more, and we think the honors should be divided.

WHAT SCHOOL-TEACHERS SHOULD KNOW.—*Charities* has been giving much space in recent numbers to the subject of "defective children," dealing with this class of dependents from every possible standpoint. Under the heading, "What Every Public School-Teacher Should Know about Defects," is given the following:

"When examining children, the teacher must constantly bear in mind that single symptoms do not necessarily stamp a child as defective. In a large class, a detailed examination of all the children is hardly possible, but when any child seems unable to keep up with his companions the teacher should go as deeply into his case as possible. A rapid physical examination will show many important facts,—i.e., *head*, too large or too small, misshapen, or containing marks of injury; *mouth*, constantly open, deformed; *palate*, too high or cleft; *teeth*, poorly developed or misplaced; *tongue*, tied, enlarged, or deeply fissured; *ears*, malformed, full of wax, running; *head*, flabby, clammy, too rigid or too pliable, stubby, unsteady; inability to grasp, pull and push, throw and catch; *general*, poor circulation, cold extremities, undersize in weight, deformities, poor condition of muscles, etc. Simple tests, supplemented by more careful work on the part of the physicians, must show if there is defective vision, deafness, adenoids, etc. They should examine also to see if there be any organic trouble of heart, liver, kidneys, lungs, etc., as any such will indirectly affect the activity of the brain.

"Many children come to school in a starved condition, not so much because they have insufficient food as because the food is of the wrong kind* and is not properly appropriated, thereby affecting the digestion, absorption, circulation, etc. The teacher must in such cases, with great tact and appreciation, become the adviser of the family.

"The teacher will note if any of the following apply to the child, being very careful not to lay undue stress upon these points, however: *Attention*, weak and wandering; *concentration*, poor, thoughts of numer-

* Many apparently stupid children are so because their meals consist in large part of sweet cakes, candies, cheap wine, tea, poorly baked pastry, etc.

ous things flit through the brain, irrelevant questions, etc.; *reason*, judgment, and *will*, very poor and weak (often a child means to do the right thing, but because of poor judgment or weak will fails); *sexual instincts*, uncontrolled; *shame*, ideas of common morality uncertain; *affection*, dog-like; *acquisitiveness*, large, hoarding of trash, etc. (the collecting instinct without purpose); *veracity*, poor, palpable lies told; *duty*, wanting (unselfishness usually from affection, not duty); *religious sentiment*, abnormally developed; *play*, the desire lacking (a feeble-minded child is inclined to be a solitary creature without resources to amuse himself); *speech*, defective, repetition of words without comprehension of their meaning. The physician's examination may reveal much here.

"The teacher must understand that the child is a human being, not merely a brain. If she does not understand it so, she will fail in her high calling. Being a human being, the child has a love of family, companions, and other social relationships. He loves life and freedom, joy and hope, and he has his myths and traditions and history. He has also his ideals. The teacher must note these things, and see their bearing upon the life of her child, particularly if he be backward. She must constantly confront herself with the question 'Why?' written large. She must go into the child's home and see if he is surrounded by tenderness and tidiness, find out if he works before and after school, or if he runs the streets a victim of influences which may be pernicious. If possible, she should know something of the family and its history—indeed, everything pertaining to the child's environment will be of value.

"Two more things are necessary to make her knowledge of value. She first must write it down, and, second, pass it on."

These suggestions are equally valuable to nurses who are working among children.



COCAINISM.—Dr. Charles J. Douglas says in the *Medical Press* that the taking of cocaine is very often the sequel of the morphia habit. It is taken to overcome the depression that follows the use of morphia or in an attempt to substitute it for that drug. The symptoms are dilations of the pupils, hallucinations of sight and hearing, insomnia, and emaciation. The patient will return to a normal condition very soon after the drug is withdrawn. The habit can be cured without great difficulty by proper treatment.

OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

559 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

THE SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS

At the last annual meeting of this society the date for the next convention was set for January, 1905, and the place chosen was Washington; since that time the Associated Alumnae held its annual meeting in Philadelphia, and it also selected Washington as the place in which to hold its next convention and settled upon the month of May. Not wishing to tax the well-known hospitality of the Washington people by asking them to open their doors for us twice within six months, it was decided by the council to postpone the meeting of the Superintendents, arranged for January, to a later date, when it can hold its sessions during the same week with the Associated Alumnae. The change is in every way for the better. Washington at any time is delightful, but in early May it leaves little to be desired, and it is wise that these two large societies, growing in strength and importance, with a common work before them, so far as all great matters are concerned, should occasionally hold their meetings at about the same time.

THE PROCEEDINGS OF THE LAST CONVENTION

The report of the very interesting convention of the society, held in Pittsburg last October, was finally received from the publisher in June. Noting that the demands for the reports of previous conventions has been rapidly increasing beyond our power in many instances to supply, we have published this year a larger edition than usual. We are therefore able to dispose of a certain number of copies of these reports, and will send to those desiring them until our extra copies are exhausted. The price is one dollar, which includes postage, and the book may be obtained by applying to the secretary of the society, Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.

MARYLAND STATE NURSES

At a meeting of the Maryland State Board of Examiners of Nurses, held on July 26, 1904, Miss Anna B. Rutherford, a graduate of the Johns Hopkins Hospital Training-School for Nurses, was elected president, and Miss Mary C. Packard, a graduate of the Massachusetts General Hospital Training-School for Nurses, was elected secretary and treasurer.

The other members of the board are Miss E. M. Lawler, Johns Hopkins Hospital; Miss E. J. Daly, University of Maryland Hospital; Miss Agnes Maupin, University of Maryland Hospital.

NEW YORK SCHOOL NURSES' REPORT

THE school nurses were assigned to special work among children during July and August.

The city was divided into districts, and house-to-house visits were made by medical inspectors to ascertain the number of children under one year of age. Where a child was found showing any gastro-intestinal disturbance a report was made to the Health Department and a nurse sent at once to give whatever advice was necessary. She instructed the mother in preparing milk, food, etc., in giving baths, and in proper ventilation. She was provided with milk and ice tickets for distribution, as well as tickets for the St. John's Guild boats, or floating hospitals, as they are sometimes called. Many letters and cards have been received by the department asking that nurses be sent to show mothers how to prepare the milk for the babies.

A large number of very sick children have been taken care of, considering the weather has been so cool during the summer. When not actively engaged in looking after the sick children the nurses have assisted the inspectors in their work.

L. L. R.

NEW YORK STATE NURSES' ASSOCIATION

Will all members of the New York State Nurses' Association who have changed their addresses kindly notify the secretary; also will all who have registered kindly send number and date of certificate of registration to

MARGARET SUTHERLAND, Secretary,
219 West Twenty-third Street, New York City.

VIRGINIA STATE NURSES

Miss BRUCE SMITH, Norfolk Protestant Hospital, Norfolk, Va., will attend to the duties of secretary of the Nurses' Examining Board of Virginia for the next six weeks, during Miss De Lancy's absence at her home in Nova Scotia. All communications addressed to Miss Smith will receive prompt attention.

Miss de Lancy's address after her return, November 1, will be No. 7 Boulevard, Portsmouth, Va.

NEW YORK STATE NURSES

THE semi-annual meeting of the New York State Nurses' Association will be held October 18 in the League for Political Education, 23 West Forty-fourth Street, the morning session opening at ten A.M. and the afternoon at two P.M. An attractive feature of the afternoon will be an address by Dr. J. A. Miller on the "Modern Treatment of Tuberculosis," treating especially of the work now being done in New York State. Reports also will be given by visiting nurses to tuberculosis patients.

MARGARET SUTHERLAND, Secretary.

DONATIONS received for the Course in Hospital Economics since June 1, 1904:

Miss A. C. Maxwell.....	\$10 00
A Friend, through Miss Maxwell.....	10 00
Miss A. D. Van Vost.....	5 00
Miss Louise Niebuhr.....	5 00
Miss Annie Goodrich.....	15 00
Miss L. L. Dock.....	25 00
Miss Lucy Walker.....	5 00
Miss S. F. Palmer.....	5 00
Miss I. R. Palmer.....	5 00

THE INTERNATIONAL COUNCIL OF NURSES

THE letter which follows has been received by Miss Nutting, the president of the American Federation of Nurses. It is of interest to every member of the two societies of which the federation is at present composed—viz., the Society of Superintendents and the Associated Alumnae—as calling attention to the purpose for which our federation was formed. It was our hope then to enter into international relationship with the great organizations of nurses of other countries as soon as their growth made it possible. It speaks volumes for the progress achieved by nurses in Europe that we may now begin to look forward to a day—and it seems not far distant—when we shall have a gathering together of these bodies of nurses of all countries, a roll-call of the sisterhood which is growing so tremendous in numbers, influence, and opportunities.

"To the President and Members of the Committee of the American Federation of Nurses."

MADAM PRESIDENT AND MEMBERS: At the recent meeting of the International Council of Nurses in Berlin, after hearing reports from different countries, and finding that England and Germany had formed organizations on national lines, the following motion was proposed by Miss Iola Stewart, seconded by Miss Dock, and carried unanimously:

"That invitations be officially sent to the American Federation of Nurses, the Provisional Committee of the National Council of Nurses of England, and the German Nurses' Association, inviting them to affiliate with the International Council of Nurses." I have great pleasure in transmitting this resolution to you and in asking you to act upon same, and in so doing may express the ardent hope that it will be acted upon affirmatively.

"At no time since Miss Nightingale created a new order in nursing have nursing affairs been so intensely interesting as at present. In almost every European country some process of reform or regeneration is going on akin to our own effort for registration. In Italy three trained nurses—one English, one German, and one American—are bringing in the modern methods and are planting them in the midst of thousand-year-old customs. In France the monks' orders have been removed from the hospitals and the authorities are struggling with a perfectly enormous problem of education and training. Two demonstrations of the training of gentlewomen as nurses are being conducted there, one in Bordeaux and one in Paris, and, as in Italy, these small plants must be looked to to regenerate the rest. In Germany trained nursing has advanced far in discipline and in system, but largely under forms which have kept the nurses in a condition of entire dependency, and lately many of the intelligent and pro-

genuine ones among them, aided by the German Council of Women, have asserted their right to economic freedom, their right to organize and govern themselves after graduation, and have declared the necessity of a more uniform training and of State protection. This assertion of independence has been truly a revolution in Germany, and the leaders have had to endure contumely and persecution. In England the movement for State registration is meeting with bitter opposition in certain quarters. Such opposition as we have met at home will help us to understand the source and motives of opposition here, as in all countries the problem is the same, only differing in degree but not in kind.

"In spite of obstacles, the State Society for Registration has waged a brilliant campaign, and has succeeded in so arousing the public that a select committee of the House of Commons has been appointed to inquire into the subject. This committee is now taking evidence. To witness all these efforts drives one to the irresistible conclusion that mutual encouragement and support of one another is urgently demanded. In many ways Americans are in a better and more independent condition than the nurses of any European country. This being so, we may be of the greatest help to our struggling fellow-workers in their efforts at reform. Moral support alone is worth much, as we found in Germany, and as, with men of affairs, actual numbers count for much, every thousand, every hundred women even, that we can total up as being united in their desires and aims will help to bring about more quickly the reforms which each country is working for.

"With the hope that we shall soon have an effective union of national councils, most sincerely yours,

"L. L. Dock, Secretary."

CONNECTICUT STATE MEETING

Report of the second quarterly meeting of the Graduate Nurses' Association of Connecticut:

The Convention of the Graduate Nurses' Association of Connecticut met at Bridgeport on Wednesday, September 14. It was a most enthusiastic, interesting meeting. Mrs. Mary I. Fuller, of Hartford, opened the meeting by introducing Rev. Mr. Davenport, who pronounced the invocation.

Mr. W. W. Jones, superintendent of the Bridgeport Hospital, followed with an address of welcome. He also spoke most encouragingly to the association of the value of their work to the hospitals, and especially the aid to the nurses of the future by raising the standard of the training-schools and by securing registration for graduate nurses.

A report of the Executive Board showed that a line of work had been arranged by them and much work done in a quiet way during the summer.

Mrs. Emma M. Stowe, of New Haven, chairman of the Legislative Committee, read the proposed Registration Bill. The balance of the morning was devoted to the discussion of this bill. Opinions were freely expressed. It was decided to mail each member of the association a copy of this bill, that all may be thoroughly familiar with it and be better prepared to discuss it at the next meeting.

A luncheon was served the association by the Bridgeport alumnæ, and then all enjoyed a trolley-ride to the Bridgeport Hospital.

The Executive Board went into session. The regular routine business was transacted.

The afternoon session was largely attended. Dr. N. E. Wordin, of Bridge-

port, made a bright, interesting address. He spoke of the proposed bill and of the commendable efforts of the nurses in raising their profession to such a high standard. Miss Ines Dames, president of the Graduate Nurses' Association of New York, gave a very interesting talk on the lines followed by her association. Her entertaining and instructive remarks were listened to with attention.

A committee was appointed to see about having the association incorporated, to report at the next meeting.

The Legislative Committee has issued a circular, which was distributed among those present, and is to be circulated freely throughout the State.

The next meeting will be held in New Haven, November 8, as guests of the New Haven Hospital.

E. L. FOSLER, Corresponding Secretary.

REGULAR MEETINGS

BROOKLYN.—At a special meeting of the directors of the Long Island College Hospital Alumni, held August 8, Miss Regina Kelley was appointed registrar in place of Miss Nelson, resigned, and is to enter upon her duties on September 1. The first regular meeting of the alumni after the summer vacation was held at the Registry on Tuesday, September 13, when there was a large attendance, Miss Anna Davids, the president, in the chair. The usual reports having been read, those present alluded to several plans for improving the efficiency of the association, in respect to which many suggestions were made by the members present. A vote of thanks was carried by acclamation to Miss Nelson for the very satisfactory manner in which she had discharged her duties as superintendent of the registry during the first year of its existence. It was unanimously resolved to send a telegram of congratulation to Miss Gertrude Cameron, one of the members of the alumni, who was to be married at Russell, Ontario, on the following day, the 14th inst. At the close of the meeting a very happy social hour was spent by the members.

PHILADELPHIA.—The regular meeting of the Alumni of University Hospital was held on Monday, September 8, 1904, at three P.M., in the Nurses' Home. In the absence of the president the meeting was called to order by Miss Anna E. Brecken, first vice-president. The minutes of the June meeting were accepted as read, and the usual routine business was transacted. The Committee on Revision of Constitution and By-Laws reported through its chairman, Miss Anna E. Brecken. The constitution was read and accepted on motion. The reading of the by-laws followed, and on motion they were held over until the October meeting. Miss Hayburger applied for membership in the Alumni Association. Miss Brecken, president of the Graduate Nurses' Association of the State of Pennsylvania, announced that the annual meeting of the association will be held in Philadelphia on Wednesday, Thursday, and Friday, October 26, 27, and 28, and urged all nurses to attend all the sessions. The meeting then adjourned.

MINNEAPOLIS.—The Graduate Nurses' Association of Hennepin County held its fourth annual meeting on Thursday, September 8. The following officers were elected for the coming year: President, Miss Bertha Erdmann; first vice-president, Miss Edith Remmell; second vice-president, Miss Cora Smith; secretary, Mrs. Charlotte Roberts; treasurer, Miss Elva Berworth. After the

business meeting the president and first vice-president made addresses, impressing upon the members how important it was to get all graduates into the organization and to help further the work of the profession. The association now has full control of the registry, which formerly was managed by the physicians. It now numbers sixty members. The next step is towards getting the organization on a strong foundation, then State association and registration.

ST. PAUL.—The annual meeting of the Ramsey County Graduate Nurses' Association was held in the rooms of the Medical Library on Thursday, September 1. The reports from the secretary, treasurer, and registrar were very encouraging. At present there is an active membership of one hundred and seven. Eight of the members were married during the year, and eight new members were admitted. The officers elected for the year are: President, Mary Wood; vice-president, May Jones; secretary, Grace Watson; treasurer, Emily Woodman; Executive Committee—E. A. Dickman, K. Galway, E. Redpath, E. Durkee, and L. Holl.

NEW YORK.—The regular monthly meeting of the New York City Training-School Alumnae was held at the Academy of Medicine on September 13, 1904. A fair number of the members was present. After the usual routine of business was through with, Miss Florence Corbett, the dietetician of the Department of Public Charities, proceeded to give a very interesting talk on the science of the preparation of food. After adjournment a delightful reunion was held in the banquet-hall, and all enjoyed the refreshments provided by Miss Gilmour and Miss Greener.

BIRTHS

IN September, to Mr. and Mrs. John R. C. Boyer, a daughter. Mrs. Boyer was Miss Tuthill, of the Johns Hopkins, Class of 1902.

MARRIAGES

MISS JANE GEORGE ROBERTS, a graduate of the Faxon Hospital Training-School for Nurses, Class of 1899, was married on September 5 to Mr. Edward Trossett, of Brooklyn, N. Y. Mr. and Mrs. Trossett, after an extended wedding-trip, will reside in Brooklyn, N. Y.

IN Mansfield, Mass., September 7, Miss Harriett Bess Pearce to Dr. Donald Churchill, of Providence, R. I. Miss Pearce was a graduate of the Rhode Island Hospital Training-School, Class of 1900, afterwards assistant superintendent of nurses for four years.

THE marriage of Miss Helen Irwin, Class of 1902, Lebanon Training-School, New York City, to Dr. L. Miller Kahn, of Memphis, Tenn., will take place in New York City October 5. Dr. Kahn is an ex-house-surgeon of Lebanon Hospital.

AT Brantford, Ontario, August 24, 1904, Miss Beatrice Walker, graduate of the Lakeside Hospital School for Nurses, Cleveland, O., Class of 1901, to Mr. John G. W. Cowles, Cleveland, O.

IN Manila, P. I., August 3, 1904, Mattie Pannill (Army Nurse Corps) to William L. Lowe, first lieutenant Thirteenth Cavalry, U. S. Army.

In Manila, P. I., August 31, 1904, Eva Trenholm, late chief nurse First Reserve Hospital, to Charles Green, attorney-at-law, Manila, P. I.

In Canandaigua, N. Y., August 24, Miss Florence McWilliams, Class of 1899, Homoeopathic Hospital, Rochester, to Dr. E. F. Hovey.

In Brockville, Ont., August 10, Miss Mary Florence MacDonald, graduate of St. Luke's Hospital, Utica, 1901, to Mr. Theodore H. Miller.

In Hammondsport, N. Y., September 14, Miss Harriet G. Bedell, graduate of the City Hospital, Rochester, to Mr. James D. Miller.

OBITUARY

At a meeting of the Guild of St. Barnabas, called at the residence of Miss Goodwin, the following resolutions were unanimously adopted:

"WHEREAS, It has pleased Divine Providence to remove from our midst our beloved chaplain, the Rev. J. W. Moore, the organizer of this branch of the guild, and

"WHEREAS, By his earnest efforts he has promoted the success of the guild, and has brought the members closer together, and given them the benefits of his kindly advice, and

"WHEREAS, By his uniform consideration and courtesy he has endeared himself to the heart of every member, each of whom feels that in his death she has lost a staunch friend and co-worker, who was ever ready with hand and heart to help her in her calling. Therefore be it

"Resolved, That in the Rev. Mr. Moore's death the nurses of St. Barnabas Guild have lost a friend whose place cannot be filled, and that we extend to his widow and family our heartfelt sympathy, that these resolutions be spread upon the minutes, and that a copy thereof be transmitted to the bereaved family, and also to the chaplain-general of the guild, to THE AMERICAN JOURNAL OF NURSING, and to the Diocese of Louisiana.

"N. BROWN,

"E. SANBURN,

"F. M. QUAIPE,

"C. GOODWIN,

"Committee on Resolutions."

It was with deep regret that the Alumni Association of the Paterson General Hospital learned of the death of Miss Elsie B. Post, which occurred at the home of her parents, Paterson, N. J., August 11, 1904.

Miss Post graduated from the Training-School of the Paterson General Hospital in the Class of 1900, and did private work in this city for two years, when she contracted typhoid fever, from which she recovered after a hard struggle, only to find herself a prey to pulmonary tuberculosis, to which she succumbed after a lingering illness.

She was a most successful nurse in private practice until her illness began over a year ago, and endeared herself to her patients, friends, and classmates by her bright and genial disposition.

The following resolutions were adopted at a special meeting of the Alumni Association of the Paterson General Hospital:

"WHEREAS, Death has removed from our circle a most esteemed member:
"Resolved, That we in the loss of so true a friend record our great sorrow
and extend to the family of Miss Post our heartfelt sympathy in this their hour
of sorrow.

" MARGARET SHERWOOD,
" ISABELLA T. TURNBULL,
" MABEL R. BRAZIER."

It is with deep sorrow that the members of the Class of 1905 of the New York Post-Graduate Hospital Training-School for Nurses mourn the loss of their friend and classmate, Sallie E. Dower, who died at her home in Bayonne, N. J., on August 30, 1904.

Miss Dower, with her happy and sunny disposition, was beloved not only by the members of her own class, but also by all the nurses of her school and those with whom she came in contact.

By her bright smile and winning manner she won the confidence and love of all her patients. She was a cheerful, indefatigable worker, showing great patience, personal interest, and kindness in her work.

Although we feel that our loss is her gain, we can well say of Miss Dower that "none knew her but to love her, none named her but to praise."

CLASS OF 1905.

SEPTEMBER 12, Ellen Lyle Norris, aged one year, only child of Mr. and Mrs. Jefferson Norris, of Baltimore. Mrs. Norris was Miss Perkins, of the Johns Hopkins, Class of 1897.



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE new Surgical Building of the Johns Hopkins Hospital will be formally opened on Wednesday, October 5. The new structure is five stories high, built of brick and stone to correspond with the other hospital buildings. It contains several operating-rooms, public and private, with the usual sterilizing, etherizing, dressing, and recovery-rooms. The operating amphitheatre is finished entirely in white tiles and white marble, and there is a lavish use of tiles in all the adjoining rooms.

Rooms for X-ray treatment, for photographic work, for records and histories, for stenographers, are to be found on the different floors. On the first floor near the dispensary is a large room for medical clinics surrounded by several smaller rooms for teaching and class purposes.

The building has cost about one hundred and sixty thousand dollars, and forms a much needed addition to the group of hospital buildings.

THE Reception Cottage, for the care of tubercular patients, has been opened at Saranac Lake, N. Y. It is intended chiefly for the care of those who come with the expectation of admission to the sanitarium, but because of acute or advanced illness are refused admission and are unable to receive suitable care at a cost within their means. It is thus supplementary to the work of the Sanitarium and the district nurse, and is conducted as such. Emergency cases are cared for by the district nurse, but may be received into the Reception Cottage when requiring more constant care. Those patients who improve sufficiently and are considered suitable are later admitted to the sanitarium. It is proposed later on to erect a hospital building, to cost about twenty-eight thousand dollars.

A MUCH-NEEDED addition to Mercy Hospital, Muskegon, Mich., has been commenced. Though the hospital has been opened but one year, the demand for admission has been so great that the Sisters of Mercy were obliged to refuse admission to many.

WORK has been commenced on a new twenty-five thousand dollar pathological laboratory for the Germantown Hospital, Pa. The new private department of the hospital, costing one hundred thousand dollars, was opened July 25.

THE Touré Infirmary of New Orleans is to have a new building costing two hundred and seventy-five thousand dollars. New Orleans is also considering a hospital to be used exclusively for Italians.

THE new tuberculosis hospital at Dunning, Ill., was opened last month. The hospital consists of five cottages, and will accommodate one hundred and sixty patients.

THE Nurses' Home of the Buffalo General Hospital has been enlarged to twice its former capacity, and is very attractive in all its appointments.

THE Good Samaritan Hospital at Portland, Ore., is being enlarged by the erection of a four-story addition to cost about thirty thousand dollars.

CHICAGO has a plan to establish a movable emergency hospital for the downtown district, to consist of a large truck properly equipped.

THE tent system for tubercular patients has been established at the Nathan Littauer Hospital at Gloversville, N. Y.

FUNDS are being raised for the erection of a new Nurses' Home for the Sisters' Hospital at Buffalo.

THE contract has been let for a new Nurses' Home for the Jewish Hospital at Cincinnati.

THE Woman Hospital of Philadelphia is to erect a Nurses' Home.

PERSONAL

MISS CAROLYN VAN BLANCKOM, for the past three years an assistant in the Johns Hopkins Training-School, has been appointed superintendent of nurses at St. Luke's Hospital, St. Louis, Mo. This institution, like most others of its name, is under the auspices of the Episcopal Church, though undenominational in its work. It was established many years ago, but moved into new quarters last May. It is a general hospital of about one hundred and ten beds, and the handsome new building is finished and equipped in the most modern manner as regards heating, ventilation, and plumbing, with excellent electric lighting and its own ice-plant. The school consists of from thirty-five to forty nurses, who, in addition to the general training received at their own hospital, obtain obstetrical training in a maternity hospital in the same city.

MISS ELEANOR W. WOOD, graduate of the Class of 1901, Johns Hopkins Hospital Training-School, and recently acting as one of the assistant superintendents, has been appointed to the superintendency of the Bryn Mawr Hospital, Pennsylvania, ten miles from Philadelphia. The hospital has a general service of fifty beds, half of the accommodations being for private patients. It has a thoroughly equipped operating-room and an active dispensary department. Up to this time the nursing has been done by a staff of graduate nurses, but the trustees hope in the near future to enlarge the capacity both for patients and nurses and establish a training-school. Miss Wood will assume her duties on October 1.

MISS KATHARINE DE LONG, a Johns Hopkins graduate, after spending a year and a half in Paris and vicinity, has decided to open up in that city a small Home for Nurses. While this is established with the intention of making a comfortable headquarters for nurses of the Johns Hopkins School, it may perhaps be open to some others who would like at times to avail themselves of such a convenient establishment. The house Miss de Long has taken is at 10 Rue d'Alger, and will be opened at the end of November.

MISS KATHERINE TUK, of Ohio; Miss Lily Smith, of Canada, and Miss Nancy Smith, of Virginia, all graduates of the Johns Hopkins, Class of 1900, sailed in September for France, where they expect to make their headquarters in Paris and do private nursing.

MISS HENRY L. PAGE, superintendent of the Watertown City Hospital, Watertown, N. Y., and Miss Beatrice Davy, her assistant, have resigned their positions for a much-needed rest, after four-years' hard pioneer work.

MISS HELEN M. GARRATT has been appointed superintendent of the Amsterdam Hospital, succeeding Miss Lindenfelser, whose resignation was announced some time ago.

MISS SARAH S. SMITH has tendered her resignation as superintendent of the Hahnemann Hospital at Scranton, a position she has held for about eight years.

DR. RICHARD C. CABOT, of Boston, gave an address recently before the California State Nurses' Association, three hundred members being present.

MISS FLORENCE MORAUX, of New York, is taking a post-graduate course at the Massachusetts Eye and Ear Infirmary, Boston.

MISS ROSE WELLS, of Concord, N. H., has been engaged as superintendent of the Homoeopathic Hospital at Springfield, Mass.

MISS L. S. DES BREAUX, former superintendent of the Melroe (Mass.) Hospital, has opened a private hospital in that city.

MISS LINA L. ROGERS has returned to New York City after a much-needed rest, having spent two months in Canada.

MISS ISABEL MERRITT has recently gone to Europe, where she will remain for an indefinite time.

MISS L. ELLA PIERCE has resigned as superintendent of St. Luke's Hospital, Cedar Rapids, Ia.



ENURESIS IN CHILDREN.—*The Medical Record* in a synopsis of an article in the *British Journal of Children's Diseases* says: "Percy Lewis states that the variety of causes to which this condition has been attributed and the very diverse treatments which have been recommended for its cure suggest that its pathology has not been accurately studied. The subjects of this complaint are mostly unhealthy in aspect. The treatment which has for some years been successfully carried out by the writer was suggested by the consideration of a similar condition which occurs in infants fed on starchy foods. Such children always pass a larger amount of urine than normal. When their starchy food is cut off this symptom disappears. It is the same with victims of anorexia. In most cases a rigid anti-diabetic diet removes the symptom in a few days. The cause, however, due to a general depression of health produced by an excessive starchy diet, requires general tonic treatment at the same time. During the cure, starchy food may usually be allowed for breakfast without 'accidents' occurring at night. Without any other treatment, hospital cases are relieved often at once and finally cured by being taken as in-patients and fed on the ordinary hospital diet. In private cases even small quantities of bread or cake given at dinner or tea early in the treatment cause the bed-wettings to recur. In about three to four weeks, sometimes sooner if the tonic treatment is pushed as well, a normal diet may be given without anorexia happening. While not wishing to contend that anorexia is a condition of rickets, the writer is of the opinion that it is a weak bodily condition caused by an excessive starchy diet and associated with inability properly to digest that excess."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING SEPTEMBER 14, 1904.

ARNOLD, HENRIETTA, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged after reaching her home at expiration of leave granted on arrival in the United States.

Bamber, Isabella M., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the transport Thomas September 1.

Bartholomew, Annie M., on duty at the First Reserve Hospital, Manila, P. I., awaiting permanent assignment.

Bauer, Mrs. Christiana M., transferred from the General Hospital, Fort Bayard, N. M., to duty at the General Hospital, San Francisco.

Begg, Norah, transferred from the General Hospital, San Francisco, to duty in the Philippines. Sailed on Thomas September 1.

Bisford, Sidney, graduate of Charity Hospital, New Orleans, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Call, Sylvia, transferred from the General Hospital, San Francisco, to duty at the General Hospital, Fort Bayard, N. M.

Cushman, Mary L., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Daly, Annie A., transferred from the Base Hospital, Iloilo, P. I., to duty at the First Reserve, Manila.

Dones, Mrs. Ella B., formerly on duty at the General Hospital, San Francisco, discharged.

Flick, Lucile E. S., arrived in Manila September 1, reported at the First Reserve Hospital, awaiting permanent assignment.

Haefner, Emma, transferred from the First Reserve Hospital, Manila, P. I., to Zamboanga, Mindanao.

Jones, Nellie Mabel, graduate of Butterworth Hospital, Grand Rapids, appointed and assigned to duty at the General Hospital, San Francisco.

Kock, Willma A., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged after reaching her home at expiration of leave granted in the United States.

Kennedy, Mary J., reappointed and assigned to duty at the General Hospital, San Francisco.

Krauskopf, Lillian, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Lason, Eleanor, graduate of the Butterworth Hospital, Grand Rapids, Mich., appointed and assigned to duty at the General Hospital, San Francisco.

Lyons, Mary V., transferred from the General Hospital, Fort Bayard, N. M., to the General Hospital, San Francisco.

McInnes, Agnes, transferred from the First Reserve Hospital, Manila, to Camp Marahui, Mindanao, P. I.

Marker, Ida Maude, transferred from Iloilo to the First Reserve Hospital, Manila, P. I.

Martin, Mona E., graduate of the Colorado Training-School, appointed and assigned to duty at the General Hospital, San Francisco.

Mason, Edith A., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

O'Brien, Helen Grace, transferred from the First Reserve Hospital, Manila, to Zamboanga, P. I.

Pannill, Mattie Porter, formerly on duty at the First Reserve Hospital, Manila, discharged in Manila.

Pierce, Margaret, on duty at the First Reserve Hospital, Manila, P. I., awaiting permanent assignment.

Pringle, Martha E., transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, N. M., for duty as dietist at that post.

Richmond, Edith L., reappointed and assigned to duty at the General Hospital, San Francisco, Cal.

Shaw, Edith M., reappointed and assigned to duty at the General Hospital, San Francisco.

Snell, Cora L., transferred from the Convalescent Hospital, Corregidor Island, to Camp Marahui, Mindanao, P. I.

Solbeck, Hansine Kjestine, graduate of the Colorado Training-School, appointed and assigned to duty at the General Hospital, San Francisco.

Stedman, Clara M., graduate of St. Mark's Hospital, Salt Lake City, appointed and assigned to duty at the General Hospital, San Francisco.

Storry, Frances B., transferred from Iloilo to First Reserve Hospital, Manila, P. I.

Trenholm, Eva., formerly chief nurse at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Underwood, Eleanor, transferred from Iloilo to Zamboanga, Mindanao, P. I.

Van Derhoef, Ida E., transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, N. M.

Weber, Eva Dora, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Wilson, Sibbie, formerly on duty at the General Hospital, Fort Bayard, discharged.

Young, Agnes, transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, N. M.

